

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63, The Reads 0081
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD25871486

Sender's Details		Consignee's Details: Full Street Address Please				Mark Service Required	
Company Name: LE CREUSET		Company Name: Le Creuset Canal Walk				<input type="checkbox"/> Same Day	
Street Address: UNIT 7 OUDE HOEK CNR CHURCH & ANDRINGA STREET		Street Address: Shop 136, Canal Walk Shopping Center, lower ground level				<input checked="" type="checkbox"/> Express	
Suburb: STELLENBOSCH		Suburb: Century City				<input type="checkbox"/> With Sunrise Option	
City / Town: CAPE TOWN	Postal Code: 7140	City / Town: Cape Town	Postal Code: 7111	<input type="checkbox"/> With Saturday Service		<input type="checkbox"/> Public Holiday Service	
Contact: CHERYL	Phone: 021 300 3168	Contact: Abigail - Manager	Phone: 021 501 0325	<input type="checkbox"/> Economy		<input type="checkbox"/> After Hours	
Destination Country: <input type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)		Analysis Code		<input checked="" type="checkbox"/> BLNS Customs Tariff		1. ONLINE <input type="checkbox"/>	
Sender's Reference		Analysis Code				3. EFT <input type="checkbox"/>	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027766		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>		If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.		Total Mass (Kg)	
IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER (SEE CLAUSE 12.4 OVERLEAF). GOODS ARE SHIPPED AT OWNERS RISK SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. DSV DISTRIBUTION LIMITS ITS LIABILITY TO R 250.00 PER SHIPMENT. (SEE CLAUSE 12.5 OVERLEAF). IF YOU WISH DSV DISTRIBUTION TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSE 12.6, 12.6 AND 12.7 OVERLEAF).							
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number				SENDER'S AUTHORISED SIGNATURE: <i>Abigail</i>		DATE: 12/02/19	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
1							
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY): JAN GRAAN (unchecked)				Name Of Courier (PLEASE PRINT CLEARLY): 			
Date Received: 130219		Time Received: 1434		Date Received: 12/02/19		Time Received: 1540	
Signature: <i>Jan</i>				Signature: <i> </i>			

POD COPY

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