

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD25926695

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>LE CREUSET MALL OF AFRI</u>		Company Name <u>LE CREUSET</u>				<input type="checkbox"/> Same Day	
Street Address <u>SHOP 2040</u> <u>CNR ALLANDALE &</u> <u>BEN SCHOEMAN HIGHWAY</u>		Street Address <u>UNIT 5 HERON PARK</u> <u>OLIVE GROVE INDUSTRIAL</u> <u>ESTATE OLD PAARDEVLEI RD</u>				<input type="checkbox"/> Express	
Suburb <u>WATERFALL ESTATE</u>		Suburb <u>SOMERSET WEST</u>				<input type="checkbox"/> With Sunrise Option	
City / Town <u>JNB</u> Postal Code <u>2056</u>		City / Town <u>CAPE TOWN</u> Postal Code _____				<input type="checkbox"/> With Saturday Service	
Contact <u>PHINDILE KHANGALE</u>		Contact <u>CARMEN</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>011 568 2097</u>		Phone <u>021 851 7178</u>				<input checked="" type="checkbox"/> Economy	
Destination Country <input checked="" 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)						<input type="checkbox"/> After Hours	
Sender's Reference <u>4713366567</u>		Analysis Code _____				BLNS Customs Tariff	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <u>027766</u>		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) _____				1. ONLINE <input type="checkbox"/>	
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 12.5, 12.6 AND 12.7 OVERLEAF).							
				 SENDER'S AUTHORISED SIGNATURE		<u>26/08/18</u> DATE	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number _____					
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
1		<u>THYEX</u>					
				HEIGHT (CM)		Total Mass (Kg)	
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY) <u>Carmen</u>				Name Of Courier (PLEASE PRINT CLEARLY) <u>Musam</u>			
Date Received: <u>29/06/18</u>		Time Received: <u>1000</u>		Date Received: <u>27/08/18</u>		Time Received: <u>1530</u>	
Signature:				Signature:			

