

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
 t/a DSV Distribution  
 PO Box 63, The Reeds 0051  
 Tel (012) 673-2000  
 Reg. No. 2004/015747/07  
 VAT Reg. No. 4260213873



SUBBD26324361


Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name: <u>Le Creuset Nicolway</u>		Company Name: <u>Le Creuset Mall Of Africa</u>				<input type="checkbox"/> Same Day
Street Address: <u>William Nicol Drive</u>		Street Address: <u>Shop 2040 cnr Ben Shoeman &amp; Allendale</u>				
Suburb: <u>Dryonston</u>		Suburb: <u>Midland</u>				<input type="checkbox"/> Express
City / Town: <u>JHB</u>	Postal Code: <u>2196</u>	City / Town: <u>JHB</u>	Postal Code: <u>1682</u>	<input type="checkbox"/> With Sunrise Option		
Contact: <u>sonete</u>		Contact: <u>Phindile</u>		<input type="checkbox"/> With Saturday Service		
Phone: <u>011 706 2198</u>		Phone: _____		<input type="checkbox"/> Public Holiday Service		
Destination Country: <input checked="" type="checkbox"/> South Africa		<input type="checkbox"/> Lesotho		<input type="checkbox"/> Namibia	<input type="checkbox"/> Swaziland	<input checked="" type="checkbox"/> Economy
Sender's Reference: <u>UT11228054</u>		Analysis Code: _____				<input type="checkbox"/> After Hours
<b>SPECIAL INSTRUCTIONS</b>						<input type="checkbox"/> BLNS Customs Tariff
Bill Charges To Account No. _____ Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) _____ If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.						
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).						<input type="checkbox"/> 1. ONLINE
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number _____						<input type="checkbox"/> 3. EFT
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>	<b>LENGTH (CM)</b>	<b>WIDTH (CM)</b>	<b>HEIGHT (CM)</b>	<b>Total Mass (Kg)</b>
[ ]		_____	_____	_____	_____	
<b>Goods received in full without damage (unless endorsed)</b>			<b>Received By DSV</b>			
Name Of Receiver (PLEASE PRINT CLEARLY)			Name Of Courier (PLEASE PRINT CLEARLY)			
<u>PHINDILE</u>			<u>Tankiso</u>			
Date Received: <u>140318</u>	Time Received: <u>1330</u>	Date Received: <u>120318</u>	Time Received: <u>1615</u>	Signature: <u>T. Hehl</u>		

POD COPY

Version Control (02/01/15)