

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
 t/a DSV Distribution  
 PO Box 63, The Reads 0081  
 Tel (012) 973-2000  
 Reg. No. 2004/016747/07  
 VAT Reg. No. 4280213873



SUBBD26324363


Sender's Details	Consignee's Details. Full Street Address Please	Mark Service Required
Company Name: <b>Le Creuset</b>	Company Name: <b>Le Creuset</b>	<input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours <input type="checkbox"/> BLNS Customs Tariff
Street Address: <b>Shop L21 Nicolway shopping center</b>	Street Address: <b>Shop 44 Cresta Shopping Center</b>	
Suburb: <b>Bryanston</b>	Suburb: <b>Cresta</b>	
City/Town: <b>JHB</b> Postal Code: _____	City/Town: <b>JHB</b> Postal Code: _____	
Contact: <b>Sara Carele</b>	Contact: <b>Sara</b>	
Phone: <b>011 706 2198</b>	Phone: <b>011 476 6010</b>	
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)		
Sender's Reference: _____	Analysis Code: _____	
<b>SPECIAL INSTRUCTIONS</b> 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).		
SENDER'S AUTHORIZED SIGNATURE:		DATE: <b>12/3/18</b>
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number _____		Total Mass (Kg) _____
<b>Total Parcels</b> <input type="checkbox"/>	NO. OF PARCELS PER DIMENSIONS LENGTH (CM) WIDTH (CM) HEIGHT (CM)	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>MICHELLE</b>	Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>TANKISO</b>	
Date Received: <b>130318</b> Time Received: <b>0157</b>	Date Received: <b>120318</b> Time Received: <b>11615</b>	
Signature:	Signature:	

POD COPY

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