

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
 t/a DSV Distribution  
 PO Box 83, The Reeds 0051  
 Tel (012) 873-2000  
 Reg. No. 2004/015747/07  
 VAT Reg. No. 4260219873



SUBBD26324366


POD COPY

<b>Sender's Details</b>			<b>Consignee's Details. Full Street Address Please</b>				<b>Mark Service Required</b>	
Company Name: <u>Le Creuset Nicolway</u>			Company Name: <u>Le Creuset Hobart</u>				<input type="checkbox"/> Same Day	
Street Address: <u>Shop 21, Nicolway Shopping, William Nicol drive, Bryanston</u>			Street Address: <u>Shop 21, CNR Hobart &amp; Grosvenor Road, Bryanston</u>				<input type="checkbox"/> Express	
Suburb: <u>Bryanston</u>			Suburb: <u>Bryanston</u>				<input type="checkbox"/> With Sunrise Option	
City/Town: <span style="border: 1px solid black; padding: 2px;">                    </span>		Postal Code: <u>                    </u>		City/Town: <span style="border: 1px solid black; padding: 2px;">JHB</span>		Postal Code: <u>2021</u>		
Contact: <u>Janete</u>			Contact: <u>Devanian</u>				<input type="checkbox"/> With Saturday Service	
Phone: <u>011 706 2198</u>			Phone: <u>011 5684708</u>				<input type="checkbox"/> Public Holiday Service	
Destination Country: <u>South Africa</u>		<u>Botswana</u>		<u>Lesotho</u>		<u>Namibia</u>		
<u>Swaziland</u>		<u>Other (Please Specify)</u>		<input type="checkbox"/> BLMS Customs Tariff				
Sender's Reference: <u>UT11102240</u>			Analysis Code: <u>                    </u>				<input type="checkbox"/> After Hours	
<b>SPECIAL INSTRUCTIONS</b>								
Bill Charges To Account No. <u>                    </u>		Bill To: <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <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).								
e-mail / Fax / Proof of Delivery <input type="checkbox"/>				e-mail Address / Fax Number <u>                    </u>				
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>		
<span style="border: 1px solid black; padding: 5px; font-size: 2em;">XI</span>		<u>Box</u>		<u>                    </u>		<u>                    </u>		
<b>Goods received in full without damage (unless endorsed)</b>				<b>Received By DSV</b>				
Name Of Receiver (PLEASE PRINT CLEARLY): <u>Felicity</u>				Name Of Courier (PLEASE PRINT CLEARLY): <u>Tankiso</u>				
Date Received: <u>2008303518</u>		Time Received: <u>1330</u>		Date Received: <u>070318</u>		Time Received: <u>1625</u>		
Signature: <u>Janete</u>				Signature: <u>Tankiso</u>				
<b>Total Mass (Kg)</b>								



