

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



SUBBD26324367


Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name: <b>Le Creuset Nicolway</b>		Company Name: <b>Le Creuset Head office</b>						<input type="checkbox"/> Same Day	
Street Address: <b>Shop no 21 Nicolway Shopping Centre</b>		Street Address: <b>Unit 5 Heron Park, Olive Grove Estate</b>						<input checked="" type="checkbox"/> Express	
Suburb: <b>William nicole drive</b>		Suburb: <b>Somerset-west</b>						<input type="checkbox"/> With Sunrise Option	
City/Town: <b>JHB</b> Postal Code: <b>2012</b>		City/Town: <b>CAPE-TOWN</b> Postal Code: <b>6000</b>						<input type="checkbox"/> With Saturday Service	
Contact: <b>Zotele</b>		Contact: <b>ACCOUNT</b>						<input type="checkbox"/> Public Holiday Service	
Phone: <b>011 706 2198</b>		Phone: <b>021 851 7178</b>						<input 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	
Other (Please Specify):		Analysis Code:						<input type="checkbox"/> After Hours	
Sender's Reference: <b>UT 10952028</b>								BLNS Customs Tariff: <input type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS</b>									
Bill Charges To Account No. <b>027766</b>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE <input type="checkbox"/>	
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 AUTHORISED SIGNATURE:						DATE: <b>01/03/18</b>		3. EFT <input type="checkbox"/>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number							
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>		<b>HEIGHT(CM)</b>	
<input type="checkbox"/>									
Goods received in full without damage (unless endorsed)					Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY): <b>J BENADE</b>					Name Of Courier (PLEASE PRINT CLEARLY): <b>JOSIA</b>				
Date Received: <b>020318</b>		Time Received: <b>0948</b>			Date Received: <b>010318</b>		Time Received: <b>1045</b>		
Signature:					Signature:				

POD COPY

Version Control (06/2018)

