

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. 4260219873



SUBBD26508675


Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required
Company Name: <b>LE CREUSET S.A</b>		Company Name: <b>MENLYN MAINE</b>					<input type="checkbox"/> Same Day
Street Address: <b>SHOP 267 WOODLANDS BOULEVARD, CNR GARSFONTEIN CRN 3 DE VILLEBOIS</b>		Street Address: <b>SHOP 12 MENLYN MAIN and Aramist Dr</b>					<input type="checkbox"/> Express
Suburb: <b>MORELETA PARK</b>		Suburb: <b>WATERKLOOF EXT 2</b>					<input type="checkbox"/> With Sunrise Option
City/Town: <b>PRETORIA</b> Postal Code: <b>0002</b>		City/Town: <b>WATERKLOOF</b> Postal Code: <b>0181</b>					<input type="checkbox"/> With Saturday Service
Contact: <b>MARISKA</b>		Contact: <b>TONI</b>					<input type="checkbox"/> Public Holiday Service
Phone: <b>012 097 3777</b>		Phone: <b>012 004 0032</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 <input type="checkbox"/> Other (Please Specify)							<input type="checkbox"/> After Hours
Sender's Reference: <b>UT10731560</b>		Analysis Code					<input type="checkbox"/> BLNS Customs Tariff
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No: <b>027766</b>		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>					<input type="checkbox"/> 1. ONLINE
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).							
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>	
<input type="checkbox"/>							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>L A M O G G L O</b>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>WATERKLOOF</b>			
Date Received: <b>20 02 18</b>		Time Received: <b>5 11 3</b>		Date Received: <b>20 02 18</b>			
Signature: 		Signature: 					

POD COPY

Version Control (06/2016)