

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT. No. 4880189685



SUBBD26760619

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET SHOP UM30A		Company Name LECREUSET				<input type="checkbox"/> Same Day	
Street Address CLEARWATER MALL		Street Address UNIT 1 HERON PARK OLIVE GROVE INDUSTRIAL ESTATE OLD PAARDEVELD ROAD				<input checked="" type="checkbox"/> Express	
Suburb JOHANNESBURG		Suburb SOMERSET WEST				<input type="checkbox"/> With Sunrise Option	
City / Town JNB Postal Code 2001		City / Town <input type="text"/> Postal Code <input type="text"/>				<input type="checkbox"/> With Saturday Service	
Contact LISA		Contact VICKY				<input type="checkbox"/> Public Holiday Service	
Phone 011 475 1202		Phone 021 851 7178				<input type="checkbox"/> Economy	
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)		Analysis Code <input type="text"/>				<input type="checkbox"/> After Hours	
Sender's Reference UT59916229						<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027766		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <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 14.14 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 14.5 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 14.5, 14.6 AND 14.7 OVERLEAF).							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number <input type="text"/>					
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)	
X1 Flight							
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY) A DE BEER				Name Of Courier (PLEASE PRINT CLEARLY) Ashepo			
Date Received: 17 01 18		Time Received: 09 30		Date Received: 16 01 18		Time Received: 14 45	
Signature:				Signature:			

POD COPY

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