

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. 4960189685



SUBBD26760624

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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 LE CREUSET						<input type="checkbox"/> Same Day	
Street Address CLEARWATER MALL CHRISTIAN DE WET ROAD		Street Address SHOP 100 Killarney mall RIVERA ROAD						<input type="checkbox"/> Express	
Suburb JOHANNESBURG		Suburb Killarney						<input type="checkbox"/> With Sunrise Option	
City / Town JNB Postal Code 2001		City / Town JNB Postal Code 2193						<input type="checkbox"/> With Saturday Service	
Contact LISA		Contact ZAMA						<input type="checkbox"/> Public Holiday Service	
Phone 011 475 1202		Phone 011 626 6316						<input checked="" 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		Analysis Code						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 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).									
SENDER'S AUTHORISED SIGNATURE						DATE 08-02-18		1. ONLINE <input type="checkbox"/>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number							
Total Parcels x1		NO. OF PARCELS PER DIMENSIONS 802		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) ZAMA				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) ZAMA					
Date Received: 090218		Time Received: 1027		Date Received: 080217		Time Received: 1450			
Signature: Zubogana				Signature: ZK					
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number							

POD COPY

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