

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



SUBBD26760632

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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		Street Address Unit 5 Heron Park				<input checked="" type="checkbox"/> Express	
CHRISTIAN DE WET ROAD		OLIVE GROVE BUSINESS PARK				<input type="checkbox"/> With Sunrise Option	
Suburb JOHANNESBURG		Suburb SOMERSET WEST				<input type="checkbox"/> With Saturday Service	
City / Town JNB	Postal Code 2001	City / Town CPT	Postal Code			<input type="checkbox"/> Public Holiday Service	
Contact LISA		Contact VICKY				<input type="checkbox"/> Economy	
Phone 011 475 1202		Phone 021 851 7178				<input type="checkbox"/> After Hours	
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"/> BLNS Customs Tariff	
Sender's Reference				Analysis Code			
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027766		Bill To <input checked="" 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 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 01-02-18	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number					
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
HEIGHT (CM)							
X1		flyer					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) J BENADE				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) [Signature]			
Date Received: 050318		Time Received: 1005		Date Received: 070318		Time Received: 1442	
Signature: [Signature]				Signature: [Signature]			

POD COPY

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