

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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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



SUBBD26760633

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 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 SCHERSHOF 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 LAUREN				<input type="checkbox"/> Economy		
Phone 011 475 1202		Phone 021 251 7178				<input type="checkbox"/> After Hours		
Destination Country		South Africa		Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
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 14.6, 14.6 AND 14.7 OVERLEAF).								
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)	Total Mass (Kg)		
X1		FLYER						
Goods received in full without damage (unless endorsed)				Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)				
LAUREN				glaes				
Date Received:		Time Received:		Date Received:		Time Received:		
050318		1005		070318		1443		
Signature:				Signature:				

POD COPY

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