

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. 4860189565



SUBBD26760647

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET		Company Name LE CREUSET				<input type="checkbox"/> Same Day	
Street Address SHOP UM30A		Street Address SHOP 2040 CORNER BEN SHOEMAN & ARLANDALE				<input type="checkbox"/> Express	
CLEARWATER MALL						<input type="checkbox"/> With Sunrise Option	
CHRISTIAN DE WET ROAD						<input type="checkbox"/> With Saturday Service	
Suburb JOHANNESBURG		Suburb WATERFALL ESTATE MIDRAND				<input type="checkbox"/> Public Holiday Service	
City / Town JNB Postal Code 2001		City / Town JHB Postal Code				<input checked="" type="checkbox"/> Economy	
Contact LISA		Contact PRINDLE				<input type="checkbox"/> After Hours	
Phone 011 475 1202		Phone 011 368 2097				BLNS Customs Tariff	
Destination Country <input checked="" type="checkbox"/> South Africa		Other (Please Specify)				1. ONLINE <input type="checkbox"/>	
Sender's Reference UT12161242		Analysis Code				3. EFT <input type="checkbox"/>	
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 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					
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
<input type="checkbox"/>							
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY) PORTIA				Name Of Courier (PLEASE PRINT CLEARLY) SK			
Date Received: 240418		Time Received: 1145		Date Received: 230418		Time Received: 1340	
Signature: MD				Signature: SK			

POD COPY

Version Control (09/2017)

Total Mass (Kg)

