

**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



SUBBD26760648

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POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name <b>LE CREUSET SHOP UM30A</b>		Company Name <b>LECREUSET</b>				<input type="checkbox"/> Same Day
Street Address <b>CLEARWATER MALL</b>		Street Address <b>Unit 5 Heron Park</b>				<input type="checkbox"/> Express
<b>CHRISTIAN DE WET ROAD</b>		<b>OLIVE GROVE INDUSTRIAL ESTATE</b>				<input type="checkbox"/> With Sunrise Option
Suburb <b>JOHANNESBURG</b>		Suburb <b>GUMERSHOTT WEST</b>				<input type="checkbox"/> With Saturday Service
City/Town <b>JNB</b>	Postal Code <b>2001</b>	City/Town <b>CAPETOWN</b>	Postal Code <b>7200</b>			<input type="checkbox"/> Public Holiday Service
Contact <b>LISA</b>		Contact				<input type="checkbox"/> Economy
Phone <b>011 475 1202</b>		Phone				<input type="checkbox"/> After Hours
Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference <b>UTI</b>		Analysis Code				<input type="checkbox"/> BLNS Customs Tariff
<b>SPECIAL INSTRUCTIONS</b>						<input type="checkbox"/> 1. ONLINE
Bill Charges To Account No. <b>027766</b>		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)				<input type="checkbox"/> 3. EFT
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 <b>30/04/2018</b>
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number						
<b>Total Parcels</b>		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	<b>Total Mass (Kg)</b>
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY)			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)			
Date Received: <b>020518</b>			Date Received: <b>300418</b>			
Time Received: <b>0950</b>			Time Received: <b>1400</b>			
Signature:			Signature:			

Version Control: (09/2017)