

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



SUBBD26760652

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POD COPY

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <u>LE CREUSET SHOP UM30A</u>		Company Name <u>Le creuset</u>						<input type="checkbox"/> Same Day	
Street Address <u>CLEARWATER MALL</u>		Street Address <u>Unit 5 Heron Park</u>						<input type="checkbox"/> Express	
<u>CHRISTIAN DE WET ROAD</u>		<u>Cape town</u>						<input type="checkbox"/> With Sunrise Option	
Suburb <u>JOHANNESBURG</u>		Suburb <u>Olive Grove Park</u>						<input type="checkbox"/> With Saturday Service	
City / Town <u>JNB</u> Postal Code <u>2001</u>		City / Town <u>Cape town</u> Postal Code <u>8001</u>						<input type="checkbox"/> Public Holiday Service	
Contact <u>LISA</u>		Contact <u>Carmen</u>						<input checked="" type="checkbox"/> Economy	
Phone <u>011 475 1202</u>		Phone <u>021 851 7178</u>						<input type="checkbox"/> After Hours	
Destination Country		South Africa <input checked="" type="checkbox"/>		Botswana		Lesotho		BLNS Customs Tariff	
Sender's Reference		Analysis Code						1. ONLINE <input type="checkbox"/>	
SPECIAL INSTRUCTIONS								3. EFT <input type="checkbox"/>	
Bill Charges To Account No. <u>027766</u>		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>						Total Mass (Kg)	
		If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.							
<p>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).</p>									
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)	
1									
Goods received in full without damage (unless endorsed)				Received By DSV					
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)					
Date Received:				Date Received:					
Time Received:				Time Received:					
Signature:				Signature:					

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