

CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



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



SUBBD26760680

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 CHRISTIAN DE WET ROAD		Street Address UNIT 5 HERON PARK OLIVE GROOVE INDUSTRIAL ESTATE OLD PAARDEVELD ROAD						<input type="checkbox"/> Express	
Suburb JOHANNESBURG		Suburb SOMERSET WEST						<input type="checkbox"/> With Sunrise Option	
City / Town JNB Postal Code 2001		City / Town CAPETOWN Postal Code 7200						<input type="checkbox"/> With Saturday Service	
Contact LISA		Contact JENNA						<input type="checkbox"/> Public Holiday Service	
Phone 011 475 1202		Phone 021 851 7178						<input checked="" type="checkbox"/> Emergency	
Destination Country		South Africa		Botswana		Lesotho		Namibia	
		<input checked="" type="checkbox"/>							
Sender's Reference UTI 714481		Analysis Code							
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. 027766		Bill To Sender <input checked="" type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE <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 <i>[Signature]</i>						DATE 03/03/18		3. EFT <input type="checkbox"/>	
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) Name Of Receiver (PLEASE PRINT CLEARLY) ELUINO					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) ELUINO				
Date Received: 050418		Time Received: 0955			Date Received: 030418		Time Received: 1079		
Signature: <i>[Signature]</i>					Signature: <i>[Signature]</i>				

POD COPY

Version Control (05/2017)

