

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



SUBBD26769048

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 Somerset				<input type="checkbox"/> Same Day			
Street Address 90 William Cambell drive, sho				Street Address Unit 5 Heron Park				<input type="checkbox"/> Express			
La Lucia				Olive Grove Business Park				<input type="checkbox"/> With Sunrise Option			
Umhlanga				Old PaardeVlei				<input type="checkbox"/> With Saturday Service			
Suburb				Suburb Somerset west				<input type="checkbox"/> Public Holiday Service			
City / Town DUR		Postal Code 4000		City / Town Cape Town		Postal Code 8000		<input type="checkbox"/> Economy			
Contact Bill McIntosh/Marion				Contact Helena Davids				<input checked="" type="checkbox"/> After Hours			
Phone 0315725045				Phone 021 851 7178				<input type="checkbox"/> BLNS Customs Tariff			
Destination Country		South Africa		Botswana		Lesotho		Namibia			
								Swaziland			
								Other (Please Specify)			
Sender's Reference				Analysis Code							
SPECIAL INSTRUCTIONS											
Bill Charges To Account No. <input type="checkbox"/>				Bill To <input type="checkbox"/> Sender		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).										3. EFT <input type="checkbox"/>	
				SENDER'S AUTHORISED SIGNATURE				DATE		Total Mass (Kg)	
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		1111		1111		1111		1111			
Goods received in full without damage (unless endorsed)						Received By DSV					
Name Of Receiver (PLEASE PRINT CLEARLY)						Name Of Courier (PLEASE PRINT CLEARLY)					
BASIL						MATTHEW					
Date Received:			Time Received:			Date Received:			Time Received:		
130918			1025			110918			1510		
Signature:						Signature:					

POD COPY

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