

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 63, The Reeds 0051  
Tel (012) 673 2000  
Reg. No. 2000/D16342/07  
VAT No. 4880189685



SUBBD26769051


Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required
Company Name: <b>Le Creuset</b>		Company Name: <b>LE CREUSET GATEWAY</b>					<input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours <input type="checkbox"/> BLNS Customs Tariff
Street Address: <b>90 William Cambell drive, sho 1</b>		Street Address: <b>SHOP GOBB PALM BOULEVARD</b>					
City/Town: <b>DUR</b> Postal Code: <b>4000</b>		City/Town: <b>DURBAN</b> Postal Code: <b>4301</b>					
Contact: <b>Bill McIntosh/Marion</b>		Contact: <b>CASSANDRA</b>					
Phone: <b>0315725045</b>		Phone: _____					
Suburb: <b>Umhlanga</b>		Suburb: <b>UMHLANGA</b>					
Destination Country: <b>South Africa</b>		Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/>					
Sender's Reference: <b>UT14584542</b>		Analysis Code: _____					
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <input type="checkbox"/> Bill To Sender <input type="checkbox"/> 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).							
SENDER'S AUTHORISED SIGNATURE: _____ DATE: <b>10/09/2018</b>						Total Mass (Kg)	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number _____							
Total Parcels: <b>1</b>		NO. OF PARCELS PER DIMENSIONS: <b>BOX</b>		LENGTH (CM): _____		WIDTH (CM): _____	
				HEIGHT (CM): _____			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <b>LINDIWE</b>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <b>Gerald</b>			
Date Received: <b>100918</b>		Time Received: <b>1158</b>		Date Received: <b>100918</b>			
				Time Received: <b>1200</b>			
Signature:				Signature:			

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Version Control (06/2017)