

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



SUBBD26815478

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 CPT	Street Address Unit 4, Heron Park Olive Grove Industrial estate, old Paardevelei Road Somerset west				<input checked="" type="checkbox"/> Same Day	
Street Address 90 William Cambell drive, sho La Lucia Umhlanga	Street Address	Suburb				<input checked="" type="checkbox"/> Express	
Suburb	Suburb	City / Town Cape Town				<input checked="" type="checkbox"/> With Sunrise Option	
City / Town DUR	City / Town	Postal Code 4000				<input type="checkbox"/> With Saturday Service	
Contact Bill McIntosh/Marion	Contact ATT: ACCOUNTS	Phone 021-8517178				<input type="checkbox"/> Public Holiday Service	
Phone 031-5725045	Phone	Destination Country				<input type="checkbox"/> Economy	
Destination Country South Africa	Destination Country	Lesotho				<input type="checkbox"/> After Hours	
South Africa	South Africa	Namibia				<input type="checkbox"/> BLNS Customs Tariff	
Botswana	Botswana	Swaziland				<input type="checkbox"/> 1. ONLINE	
Lesotho	Lesotho	Other (Please Specify)				<input type="checkbox"/> 3. EFT	
Analysis Code	Analysis Code	Sender's Reference UT I 1447572				<input type="checkbox"/> Total Mass (Kg)	
SPECIAL INSTRUCTIONS Bill Charges To Account No. <input type="checkbox"/> Bill To <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: (A) DATE: 19/03/2018							
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		Total Parcels: 1		NO. OF PARCELS PER DIMENSIONS: 1		LENGTH (CM): Flyer	
WIDTH (CM)		HEIGHT (CM)		Total Mass (Kg)			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) J BENADE				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Gerald			
Date Received: 200318		Time Received: 0846		Date Received: 190318		Time Received: 1500	
Signature: Benade				Signature: [Signature]			

POD COPY

Version Control (08/2017)

