

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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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

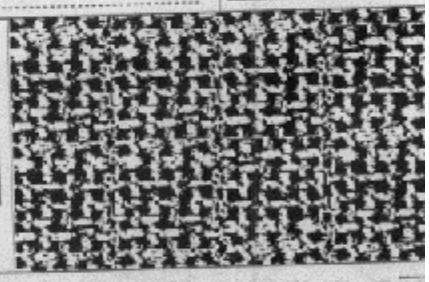


SUBBD26815494


Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name: <b>Le Crauset</b>		Company Name: <b>Le Crauset CPT</b>						<input type="checkbox"/> Same Day	
Street Address: <b>90 William Cambell drive, sho</b>		Street Address: <b>Unit 4, Heron Park</b>						<input checked="" type="checkbox"/> Express	
City/Town: <b>La Lucia</b>		City/Town: <b>Olive Grove 2nd estate,</b>						<input type="checkbox"/> With Sunrise Option	
Suburb: <b>Umhlanga</b>		Suburb: <b>old Paardeuter Road</b>						<input type="checkbox"/> With Saturday Service	
City/Town: <b>DUR</b> Postal Code: <b>4000</b>		City/Town: <b>Cape Town</b> Postal Code: <b>7130</b>						<input type="checkbox"/> Public Holiday Service	
Contact: <b>Bill McIntosh/Marion</b>		Contact: <b>ATT: VICKY</b>						<input type="checkbox"/> Economy	
Phone: <b>031-5725045</b>		Phone: <b>021-8517178</b>						<input type="checkbox"/> After Hours	
Destination Country: <b>South Africa</b>		Lesotho		Namibia		Swaziland		BLNS Customs Tariff	
Sender's Reference: <b>U72 1994108</b>		Botswana		Other		Analysis Code		1. ONLINE <input type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS</b>		Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		3. EFT <input type="checkbox"/>	
Bill Charges To Account No. <b>027766</b>		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 14.6, 14.8 AND 14.7 OVERLEAF).									
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		1		flyer					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>Madame</b>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>Gorard</b>				
Date Received: <b>17/04/18</b>		Time Received: <b>1056</b>			Date Received: <b>16/04/18</b>		Time Received: <b>1520</b>		
Signature:					Signature:				

POD COPY

Version Control: 08/2017



Total Mass (Kg)