

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



SUBBD26830794

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: SHOP 224		Company Name: Le Creuset				<input type="checkbox"/> Same Day	
Street Address: LEONORA DRIVE LE CREUSET BALLITO JUNCTION BALLITO DOLPHIN COAST		Street Address: Unit 1 heron park Olive grove industrial Old boardwalk road				<input checked="" type="checkbox"/> Express	
Suburb: DURBAN		Suburb:		Postal Code: 8000		<input type="checkbox"/> With Sunrise Option	
City/Town: DUR		City/Town: Cape Town		Postal Code:		<input type="checkbox"/> With Saturday Service	
Contact: SONITHA		Contact: VICKY		Phone: 021 8517178		<input type="checkbox"/> Public Holiday Service	
Phone: 032 0042138		Phone:		Phone:		<input type="checkbox"/> Economy	
Destination Country: <input checked="" type="checkbox"/> South Africa		Lesotho		Namibia		<input type="checkbox"/> After Hours	
Botswana		Swaziland		Other		<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference:		Analysis Code:		Analysis Code:		<input type="checkbox"/> 1. ONLINE	
SPECIAL INSTRUCTIONS		Bill To: <input type="checkbox"/> Sender		Consignee: <input type="checkbox"/>		<input type="checkbox"/> 3. EFT	
Bill Charges To Account No. 027766		Other (Name Please): <input type="checkbox"/>		Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.		Total Mass (Kg)	
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).							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE: <i>[Signature]</i>		DATE: 02/01/18	
Total Parcels: 1 x		NO. OF PARCELS PER DIMENSIONS: 1 x 1 x 1		LENGTH (CM):		WIDTH (CM):	
				HEIGHT (CM):			
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY): J BENADE				Name Of Courier (PLEASE PRINT CLEARLY): Lizwi			
Date Received: 03 01 18		Time Received: 10 50		Date Received: 02 01 18		Time Received: 11 10	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

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