

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



SUBBD26876205

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Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name: <b>L.E. CREUSET HOBART GROVE</b>		Company Name: <b>Le Gravel Sandton</b>						<input type="checkbox"/> Same Day	
Street Address: <b>SHOP G1</b>		Street Address: <b>Shop h 339 Sandton City</b>						<input type="checkbox"/> Express	
Suburb: <b>BRANSTON</b>		Suburb: <b>Sandton Extension 3</b>						<input type="checkbox"/> With Sunrise Option	
City/Town: <b>JNB</b> Postal Code: <b>2021</b>		City/Town: <b>JNB</b> Postal Code: <b>2196</b>						<input type="checkbox"/> With Saturday Service	
Contact: <b>011 568 4708</b>		Contact: <b>Yarabo</b>						<input type="checkbox"/> Public Holiday Service	
Phone: <b>011 568 4708</b>		Phone: <b>011 784 0301</b>						<input checked="" type="checkbox"/> Economy	
Destination Country: <input checked="" type="checkbox"/> South Africa		<input type="checkbox"/> Botswana		<input type="checkbox"/> Lesotho		<input type="checkbox"/> Namibia		<input type="checkbox"/> Swaziland	
Other: <input type="checkbox"/> (Please Specify)		Analysis Code							
Sender's Reference: <b>ULI 0548070</b>									
<b>SPECIAL INSTRUCTIONS</b>									
Bill Charges To Account No. <b>027766</b>		Bill To Sender <input checked="" type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE <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).									
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									
Goods received in full without damage (unless endorsed)					Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)				
<b>SAYAH</b>					<b>[Signature]</b>				
Date Received:		Time Received:		Date Received:		Time Received:			
<b>140218</b>		<b>0919</b>		<b>130221</b>		<b>1500</b>			
Signature:					Signature: <b>[Signature]</b>				

BLNS Customs Tariff

1. ONLINE

3. EFT

Total Mass (Kg)

POD COPY

Version Control (08/2017)