

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel: 0121 673-2000
Reg. No. 2000/016342/07
VAT No. 4880189665



SUBBD26876252

2 2 2 E E E 2 2 2

Price Stickers

Sender's Details Company Name: LE CREUSET Street Address: HOBART GROVE SHOP G1 CNR HOBART & GROSVENOR ROADS Suburb: BRYANSTON City / Town: JNB Postal Code: 2021 Contact: _____ Phone: 011 568 4708		Consignee's Details. Full Street Address Please Company Name: be Gravel MOA Street Address: Shop 2040 Mall of Africa Allendale C/o Ben Schoeman Allendale Suburb: Waterfall Estate City / Town: JHB Postal Code: _____ Contact: _____ Phone: 011 568 2097		Mark Service Required <input type="checkbox"/> Same Day <input checked="" type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input type="checkbox"/> Economy <input type="checkbox"/> After Hours
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Destination Country	South Africa <input checked="" type="checkbox"/>	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
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Sender's Reference	Analysis Code
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SPECIAL INSTRUCTIONS

Bill Charges To Account No. **027766**

Bill To: Sender Consignee Other (Name Please) _____

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 14.6 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: *[Signature]* **DATE:** *15 Oct 18*

e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number _____		1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/>	Total Mass (Kg)
Total Parcels	NO. OF PARCELS PER DIMENSIONS LENGTH (CM) WIDTH (CM) HEIGHT (CM)		

Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) PHINDILE Date Received: 17 05 18 Time Received: 10 44 Signature: <i>[Signature]</i>	Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Phindile Date Received: 16 05 18 Time Received: 11 40 Signature: <i>[Signature]</i>	
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POD COPY

Version Control: 08/2017