

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



SUBBD26976112

2 2 2 E E E 2 2 2

Sender's Details

Consignee's Details. Full Street Address Please

Company Name: GozeKitchenShop
 Street Address: 11 Mitchell STR. HEERMANUS
 Suburb: _____
 City/Town: HEERMANUS Postal Code: 7203
 Contact: Megan
 Phone: 021 312 4079

Company Name: LE CREUSET
 Street Address: Unit 5 HERON PARK OLIVE GROVE BUSINESS PARK THE INTERCHANGE
 Suburb: Somer Set West
 City/Town: _____ Postal Code: _____
 Contact: HELENA DAVIDS
 Phone: 021 851 7178

Destination Country: South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify) _____

Sender's Reference

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 14.5 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 e-mail Address / Fax Number _____

Total Parcels

NO. OF PARCELS PER DIMENSIONS

LENGTH (CM)

WIDTH (CM)

HEIGHT (CM)

Total Mass (Kg)

Goods received in full without damage (unless endorsed)
 Name Of Receiver (PLEASE PRINT CLEARLY)

Megan

Date Received: 08 07 18

Signature: [Signature]

Received By DSV
 Name Of Courier (PLEASE PRINT CLEARLY)

[Signature]

Date Received: 08 07 18 Time Received: 11:11

Signature: [Signature]

POD COPY

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