

**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



SUBBD27051052

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Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required	
Company Name <b>LE CREUSET TYGERVALLEY</b>		Company Name <b>Le Creuset</b>					<input type="checkbox"/> Same Day	
Street Address <b>SHOP 513 TYGERVALLEY CENTRE BILL BEZUIDENHOUT AVE TYGERVALLEY</b>		Street Address <b>Shop 105 Garden Route Mall 12 High Way &amp; Knysna Rd. George</b>					<input type="checkbox"/> Express	
Suburb <b>TYGERVALLEY</b>		Suburb <b>George</b>					<input type="checkbox"/> With Sunrise Option	
City / Town <b>CAPE TOWN</b> Postal Code <b>7530</b>		City / Town <b>George</b> Postal Code <b>6546</b>					<input type="checkbox"/> With Saturday Service	
Contact <b>LIZE MARIE</b>		Contact <b>Mandy</b>					<input type="checkbox"/> Public Holiday Service	
Phone <b>021 914 7053</b>		Phone <b>044 044 0112</b>					<input type="checkbox"/> Economy	
Destination Country <b>South Africa</b>		Other (Please Specify)					<input type="checkbox"/> After Hours	
Sender's Reference		Analysis Code					<input type="checkbox"/> BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>								
Bill Charges To Account No. <b>027766</b>		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>						
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		
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>		
1		flyer Bag						
<b>Goods received in full without damage (unless endorsed)</b> Name Of Receiver (PLEASE PRINT CLEARLY) <b>MANDY</b>				<b>Received By DSV</b> Name Of Courier (PLEASE PRINT CLEARLY) <b>MATHEE</b>				
Date Received: <b>17/01/2018</b>		Time Received: <b>12:30</b>		Date Received: <b>16/01/18</b>		Time Received: <b>12:30</b>		
Signature: <b>[Signature]</b>				Signature: <b>[Signature]</b>				

POD COPY

Version Control (08/2017)

1. ONLINE

3. EFT

Total Mass (Kg)

