

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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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

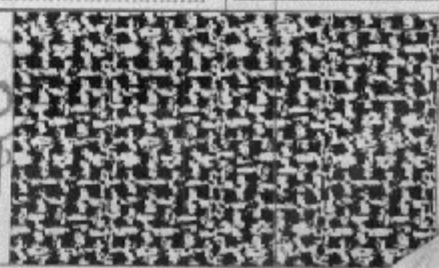


SUBBD27059517


Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name: <u>Kloppers</u>		Company Name: <u>Le-Creuset</u>						<input type="checkbox"/> Same Day	
Street Address: <u>both, bogan waterfront</u>		Street Address: <u>Unit 5 Heron park olive grove</u>						<input type="checkbox"/> Express	
Suburb: <u>Henry street Bloemfontein</u>		Suburb: <u>Industrial East Somerset west</u>						<input type="checkbox"/> With Sunrise Option	
City / Town: <u>Bloemfontein</u> Postal Code: <u>9301</u>		City / Town: <u>Somerset west</u> Postal Code: _____						<input type="checkbox"/> With Saturday Service	
Contact: <u>Elizabeth</u>		Contact: <u>Gigi / Helena</u>						<input type="checkbox"/> Public Holiday Service	
Phone: <u>051-4005500</u>		Phone: <u>021-851778</u>						<input type="checkbox"/> Economy	
Destination Country: <u>South Africa</u>		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> 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. _____		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE <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 _____			
Total Parcels: <u>1</u>		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
Goods received in full without damage (unless endorsed)					Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY) <u>ECVIM</u>					Name Of Courier (PLEASE PRINT CLEARLY) <u>Thabo</u>				
Date Received: <u>090218</u>					Date Received: <u>070218</u>				
Time Received: <u>0940</u>					Time Received: <u>1700</u>				
Signature: <u>[Signature]</u>					Signature: <u>[Signature]</u>				

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Version Control (09-2017)



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