

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



SUBBD27083509

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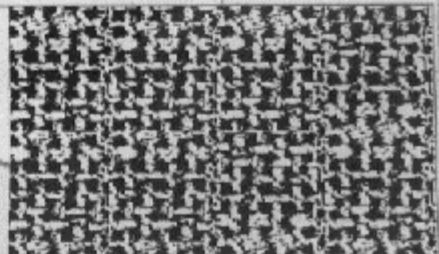
Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name LE CREUSET ROSEBANK		Company Name LE CREUSET						<input type="checkbox"/> Same Day	
Street Address SHOP 202A ROSEBANK MALL		Street Address UNIT 5, HERON PARK						<input checked="" type="checkbox"/> Express	
BATH AVENUE		OLIVE GROVE INDUSTRIAL						<input type="checkbox"/> With Sunrise Option	
		OLIVE GROVE STREET						<input type="checkbox"/> With Saturday Service	
Suburb ROSEBANK		Suburb SOMERSET WEST						<input type="checkbox"/> Public Holiday Service	
City / Town JNB Postal Code 2196		City / Town CAPE TOWN Postal Code 8001						<input type="checkbox"/> Economy	
Contact ELLEN		Contact VICKY						<input type="checkbox"/> After Hours	
Phone 011 568 4754		Phone 001 851 7178						<input type="checkbox"/> BLNS Customs Tariff	
Destination Country <input type="checkbox"/> South Africa <input checked="" type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)									
Sender's Reference 4719917581		Analysis Code							
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. 027766		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>		If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.					
<p>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).</p>									
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)	
<input type="checkbox"/>									
Goods received in full without damage (unless endorsed)					Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)				
J BENA DE					Dur				
Date Received:					Date Received:				
17 01 18					16 07 18				
Time Received:					Time Received:				
09 30					15				
Signature:					Signature:				

POD COPY

1. ONLINE

3. EFT

Total Mass (Kg)



Version Control: (08/2017)