

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. 4800189685



SUBBD27083510

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>LE CREUSET ROSEBANK</b>		Company Name <b>LE CREUSET SANDTON</b>				<input type="checkbox"/> Same Day	
Street Address <b>SHOP 202A ROSEBANK MALL</b>		Street Address <b>SHOP L339</b>				<input type="checkbox"/> Express	
<b>BATH AVENUE</b>		<b>SANDTON CITY MALL</b>				<input type="checkbox"/> With Sunrise Option	
Suburb <b>ROSEBANK</b>		Suburb <b>SANDHURST</b>				<input type="checkbox"/> With Saturday Service	
City/Town <b>JNB</b>	Postal Code <b>2196</b>	City/Town <b>JNB</b>	Postal Code <b>2196</b>	<input type="checkbox"/> Public Holiday Service		<input type="checkbox"/> Etc/bny	
Contact <b>ELLEN</b>		Contact <b>KARABO</b>		<input checked="" type="checkbox"/> After Hours		<input type="checkbox"/> BLNS Customs Tariff	
Phone <b>011 568 4754</b>		Phone <b>011 784 - 0301</b>				<input type="checkbox"/> 1. ONLINE	
Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)	<input type="checkbox"/> 3. EFT
Sender's Reference <b>U I I 9 9 9 5 5 0 9</b>		Analysis Code					
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <b>027766</b>	Bill To Sender <input checked="" 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.			
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>	<b>HEIGHT (CM)</b>	<b>Total Mass (Kg)</b>		
<b>1</b>							
<b>Goods received in full without damage (unless endorsed)</b>				<b>Received By DSV</b>			
Name Of Receiver (PLEASE PRINT CLEARLY) <b>Ute Bogeng</b>				Name Of Courier (PLEASE PRINT CLEARLY) <b>Duwisani</b>			
Date Received: <b>220118</b>		Time Received: <b>1300</b>		Date Received: <b>190118</b>		Time Received: <b>1400</b>	
Signature: <i>Ute Bogeng</i>				Signature: <i>Duwisani</i>			

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