

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. 4080189685



SUBBD27083531

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Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required	
Company Name: <b>LE CREUSET ROSEBANK SHOP 202A ROSEBANK MALL</b>		Company Name: <b>LE CREUSET Hyde Park</b>					<input type="checkbox"/> Same Day	
Street Address: <b>BATH AVENUE</b>		Street Address: <b>Shop 71 Upper Mall Hyde Park corner c/o Jan Smit's 9 6th Avenue</b>					<input type="checkbox"/> Express	
Suburb: <b>ROSEBANK</b>		Suburb: <b>Hyde Park, 2176</b>					<input type="checkbox"/> With Sunrise Option	
City / Town: <b>JNB</b> Postal Code: <b>2196</b>		City / Town: <b>J.H.B</b> Postal Code: <b>2196</b>					<input type="checkbox"/> With Saturday Service	
Contact: <b>ELLEN</b>		Contact: <b>Patricia</b>					<input type="checkbox"/> Public Holiday Service	
Phone: <b>011 568 4754</b>		Phone: <b>011 325 5606</b>					<input type="checkbox"/> Economy	
Destination Country: <input checked="" type="checkbox"/> South Africa		Other: <input type="checkbox"/> (Please Specify)					<input type="checkbox"/> After Hours	
Sender's Reference: <input type="checkbox"/>		Analysis Code: <input type="checkbox"/>					<input type="checkbox"/> BLNS Customs Tariff	

**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 THIS SPACE PROVIDED. (SEE CLAUSE 14.5, 14.6 AND 14.7 OVERLEAF).

**SENDER'S AUTHORIZED SIGNATURE** \_\_\_\_\_ **DATE** **19/08/18**

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) <b>PATRICKIA</b>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>Patricia</b>		QR CODE
Date Received: <b>19/08/18</b>		Date Received: <b>19/08/18</b>		
Time Received: <b>15:26</b>		Time Received: <b>09:10</b>		
Signature: 		Signature: 		

POD COPY

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