

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



SUBBD27087854

2	2	2	E	E	E	2	2	2

Sender's Details			Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name	LE CREUSET TABLE BAY		Company Name	Le creuset Constantia			<input type="checkbox"/>	
Street Address	SHOP G086 TABLE BAY MALL CNR R27 & BERKSHIRE BLVD		Street Address	Shop 15 Constantia Village Constantia Main Road and Spaansgemacht Road			<input type="checkbox"/>	
Suburb	BLOBERG		Suburb	Constantia			<input type="checkbox"/>	
City / Town	CAPE TOWN		City / Town	CPT			<input type="checkbox"/>	
Contact	ALHADIA		Contact	NICOLE			<input type="checkbox"/>	
Phone			Phone	021 794 3615			<input checked="" type="checkbox"/>	
Postal Code	7436		Postal Code	7800			<input type="checkbox"/>	
Destination Country	South Africa		Other				<input type="checkbox"/>	
Sender's Reference	UT10079534		Analysis Code				<input type="checkbox"/>	
SPECIAL INSTRUCTIONS								
Bill Charges To Account No.	027766		Bill To	<input type="checkbox"/> Sender			<input type="checkbox"/> Other (Name Please)	
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			DATE		
Total Parcels			NO. OF PARCELS PER DIMENSIONS			LENGTH (CM)		
1						WIDTH (CM)		
						HEIGHT (CM)		
Goods received in full without damage (unless endorsed)			Received By DSV			Name Of Courier (PLEASE PRINT CLEARLY)		
Name Of Receiver (PLEASE PRINT CLEARLY)			Name Of Receiver (PLEASE PRINT CLEARLY)			Name Of Courier (PLEASE PRINT CLEARLY)		
GARNETTE			GARNETTE			Name Of Courier (PLEASE PRINT CLEARLY)		
Date Received:			Date Received:			Time Received:		
240118			230118			1130		
Signature:			Signature:			Signature:		
[Signature]			[Signature]			[Signature]		
						Total Mass (K)		

POD COPY

Version Control (03/2017)