

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



SUBBD27156707

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: LE CREUSET HOBART GROVE SHOP G1		Company Name: Le Creuset La Lucia				<input type="checkbox"/> Same Day	
Street Address: CNR HOBART GROSVENOR ROADS		Street Address: Shop 3 La Lucia Mall 90 William Campbell Drive La Lucia				<input type="checkbox"/> Express	
Suburb: BRYANSTON		Suburb: Durban				<input type="checkbox"/> With Sunrise Option	
City / Town: JNB SEVARLAN		City / Town: Durban		Postal Code: 4051		<input type="checkbox"/> With Saturday Service	
Postal Code: 2021		Contact: Helena				<input type="checkbox"/> Public Holiday Service	
Contact: SEVARLAN		Phone: 031 572 5045				<input type="checkbox"/> Economy	
Phone: 011 568 4708						<input type="checkbox"/> After Hours	
Destination Country: <input checked="" type="checkbox"/> South Africa		Lesotho <input type="checkbox"/>		Namibia <input type="checkbox"/>		<input type="checkbox"/> BLNS Customs Tariff	
Botswana <input type="checkbox"/>		Swaziland <input type="checkbox"/>		Other (Please Specify) <input type="checkbox"/>		<input type="checkbox"/> 1. ONLINE	
Analysis Code: 779		Sender's Reference: 4111922712				<input type="checkbox"/> 3. EFT	
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.							
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		SENDER'S AUTHORISED SIGNATURE: <i>Gardner</i>		DATE: 12/04/18	
Total Parcels: 1		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): E113ab0+h				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): Jobiel			
Date Received: 130418		Time Received: 1130		Date Received: 120418		Time Received: 1540	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

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