

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
17a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT No. 4890169635



SUBBD27219324

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Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name: <u>LE CREUSET WATERFALL</u>		Company Name: <u>LE CREUSET HIDE PARK</u>						<input type="checkbox"/> Same Day	
Street Address: <u>SHOP 101</u>		Street Address: <u>SHOP 71 UPPER MALL</u>						<input type="checkbox"/> Express	
<u>1 AUSTRALIAN AVENUE</u>		<u>C/O JAWAWE & 6TH AVENUE</u>						<input type="checkbox"/> With Sunrise Option	
<u>CANARY BAY 12</u>		<u>HIDE PARK CORNER</u>						<input type="checkbox"/> With Saturday Service	
Suburb: <u>WATERFALL MALL</u>		Suburb: <u>HIDE PARK</u>						<input type="checkbox"/> Public Holiday Service	
City/Town: <u>JOHANNESBURG</u> Postal Code: <u>2095</u>		City/Town: <u>JOHANNESBURG</u> Postal Code: <u>2195</u>						<input checked="" type="checkbox"/> EcoPriority	
Contact: <u>MANAGER ISHERANE</u>		Contact: <u>MANAGER PATRICIA</u>						<input type="checkbox"/> After Hours	
Phone: <u>011 537 2279</u>		Phone: <u>011 325 5606</u>						<input type="checkbox"/> BLNS Customs Tariff	
Destination Country: <input type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)									
Sender's Reference		Analysis Code							
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. <u>0277616</u>		Bill To <input 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							
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
<u>1</u>				<u>45</u>		<u>25</u>		<u>58</u>	
Total Mass (Kg)									
<u>13</u>									
Goods received in full without damage (unless endorsed)				Received By DSV					
Name Of Receiver (PLEASE PRINT CLEARLY) <u>PATRICIA</u>				Name Of Courier (PLEASE PRINT CLEARLY) <u>SAKKIE</u>					
Date Received: <u>220118</u>				Time Received: <u>0257</u>		Date Received: <u>210218</u>		Time Received: <u>1706</u>	
Signature:				Signature: <u>Modize</u>					

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