CONTRACT FOR CARRIAGE / DISPATCH NOTE



Signature:

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



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Sender's Details	Consignee's Details. Full Street Addres	ss Please Mark Service Required							
Company Name LE CAEUSET WATERFALL	Company Name LE CREUSET WALA	NEL PART Same Day							
Street Address SHO? 101	Street Address 103 WALMER 2	PR Express							
: NUCAPBIES AVENUE	SHOPPING CENTRE BTWIN								
CALHAN EXT 12	16" AVENUE MANT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
***************************************	Suburb MLMER	Public Holiday Service							
Suburb WATERFALL MALL	1	Eco) (6my							
City/Town Q USTENBURS Postal Code S. S.		After Hours							
Contact MANY CCC LARATO	Contact MANFGER REVE	After nours							
Phone U14 537-2279 Phone O41 367 2318									
Destination Country South Africa Botswana	Lesotho Namibia Swaziland Other .	(Please Specify) Tariff							
Sender's Reference TRAD. COLL M:	Analysis Code								
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. C 2 7 7 6 8 Bill To Sender Consignee Other (Third Party) is Billed, Sender Remains Liable For Unpaid Charges.									
IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST									
BE COMPILED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER (SEE CALUSE 14. NO VERLEBY, GOODS ARE SHIPPED AT OWNERS RISK SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. DBY DISTRIBUTION LIMITS ITS LABILITY TO R 250.00 15. CONTRACT 15									
FOR CARRIAGE OVERLEAF, DSV DISTRIBUTION LIMITS ITS LIABILITY TO R 250.0 PER SHIPMENT. (SEE CLAUSE 14.5 OVERLEAF). IF YOU WISH DSV DISTRIBUTION	N								
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 OVERLE	SENDER'S AUTHORISED SIGNATURE AF).	DATE Total Mass (Kg)							
e-mail / Fax / Proof of Delivery e-mail Address / Fax Number									
Total Parcels NO. OF PARCELS PER DIMENSIONS	LENGTH (CM) WIDTH (CM)	HEIGHT(CM)							
	<u> </u>	ga Et							
Goods received in full without damage (unless endorsed) Name of Receiver (PLEASE PRINT CLEARLY) Name of Courier (PLEASE PRINT CLEARLY)									
SHIREEN	(6565)	recrease its							
Date Received: Time Received:	Date Received: Time Received:								
210618 108	9 1906 18 1706								

Signature: