

CONTRACT FOR CARRIAGE / DISPATCH NOTE



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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

SUBBD27219339


POD COPY

<b>Sender's Details</b>		<b>Consignee's Details. Full Street Address Please</b>				<b>Mark Service Required</b>	
Company Name <u>LE CREUSET WATERFALL</u>		Company Name <u>LE CREUSET WAREHOUSE</u>				<input type="checkbox"/> Same Day	
Street Address <u>CHOP 101</u>		Street Address <u>UNIT 05 HERON PARK</u>				<input checked="" type="checkbox"/> Express	
<u>ALGROBIES AVENUE</u>		<u>OLIVE GROVE INDUSTRIAL ESTATE</u>				<input type="checkbox"/> With Sunrise Option	
<u>CASHAN EXT 12</u>		<u>OLD DARDENBURG RD</u>				<input type="checkbox"/> With Saturday Service	
Suburb <u>WATERFALL</u>		Suburb <u>SOMERSET WEST</u>				<input type="checkbox"/> Public Holiday Service	
City / Town <u>DARDENBURG</u> Postal Code <u>0299</u>		City / Town <u>CAPE TOWN</u> Postal Code <u>7130</u>				<input type="checkbox"/> Economy	
Contact <u>MANAGER: LERATO</u>		Contact <u>VICKY</u>				<input type="checkbox"/> After Hours	
Phone <u>014 537-2279</u>		Phone <u>021 251 7172</u>				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country		South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference <u>FILE</u>		Analysis Code				<input type="checkbox"/> 1. ONLINE	
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <u>027768</u>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>	
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).							
				<u>[Signature]</u> SENDER'S AUTHORIZED SIGNATURE		<u>02-07-18</u> DATE	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number					
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>	
1		1		30		20	
<b>Goods received in full without damage (unless endorsed)</b>				<b>Received By DSV</b>			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
<u>J BENA DE</u>				<u>LESAGA</u>			
Date Received:		Time Received:		Date Received:		Time Received:	
<u>04 07 18</u>		<u>08 32</u>		<u>02 07 15</u>		<u>15 14</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			
						Total Mass (Kg) <u>1</u>	

Version Control (08/2017)