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



SUBBD27219342



			3000	2212130	,42				
	Sender's Details	Consignee's Details. Full Street Address Please						Mark Service Require	d
	Company Name JE CREUSET WATIBLEAU Company Name JE CREUSET WABLE BAY							Same Day	
	Street Address SHOP 101 Street Address SHOP 9086 TABLE BAY MALL							Express	
	AUGRABIES AVENUE UNR R27 AND BERKSHIRE BUIL						1.120	With Sunrise Opt	ion
	하는 사람들이 없는 것이 없었다면 사용되었다면 보면 함께 있다면 다른 것이 없었다면 하는데 사람들이 되었다면 하는데 보다는 것으로 보는데 보다를 보고 있다면 보다를 보고 있다면 보다는데 보다를 보고 있다면 보다를 보고 있다면 하는데 되었다면 보다를 보고 있다면 보다를 보다를 보고 있다면 보다를 보다를 보고 있다면 보다를 보다를 보고 있다면 보다를 보다면 보다면 보다를 보고 있다면 보다를 보고 있다면 보다면 보다면 보다면 보다면 보다면 보다면 보다면 보다면 보다면 보							With Saturday Ser	vice
	CASHAN EN BUREAU							Public Holiday Ser	vice
	SUBURD WARREAU MALL SUBURD BLOUBERG						· [Economy	
	City Town LAPE TOWN Postal Code DOLLA City I Town CAPE TOWN Postal Code						····· ř	After Hours	
	Contact LERATO								2000 2000 2000
	Phone 014 537 2279	14.537.2279 Phone 021.300.3198						BLNS Customs	
	Destination Country South Africa Botswaria	Lesotho	Namibia	Swaziland	Other	(Please Specify)		Tariff	
	Sender's Reference C Q- 1 + M 1 1 1			Analysis Code			T		
⊱	SPECIAL INSTRUCTIONS							1. ONLINE	
ō	Bill Charges Bill To	Consignee	Other					I. ONLINE	
ပ	To Account No. Sender	Ither (Third Party)	is Billed, Sende	r Remains Liable For	Unpaid Charges				
POD	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, DAY DISTRIBUTION LIMITED ITS LIABILITY TO R 250.00 PER SHIPMENT. (SEE CLAUSE 14.5 OVERLEAF). IF YOU WISH DBY DISTRIBUTION TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSE 14.5 AND 14.7 OVERLEAF).							3. EFT Total Mass (Kg
~	e-mail / Fax / Proof of Delivery e-mail Address / Fax Number								
	Total Parcels NO. OF PARCELS LENGTH (CM) WIDTH (CM) HEIGHT(CM)							1	
	St -	30)	2(<u></u>	L			
	Goods received in full without damage (unless endor Name Of Receiver (PLEASE PRINT CLEARLY) S I B O Date Received: Time Received: Signature:	Name	Received:	LEASE PRINT CLE	ime Received:				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1