

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
 Va DSV Distribution
 PO Box 63, The Reeds 0061
 Tel (012) 673-2000
 Reg. No. 2000/016342/07
 VAT No. 4880189585



SUBBD27219394

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Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required				
Company Name: <i>Le Creuset Waterfall</i>		Company Name: <i>Le Creuset Tygervalley</i>					<input type="checkbox"/> Same Day				
Street Address: <i>Shop 101 Augrabies Avenue, Cashew Ex 12, Waterfall Mall</i>		Street Address: <i>Shop 513 Upper Level Tygervalley Centre</i>					<input type="checkbox"/> Express				
Suburb: <i>Waterfall Mall</i>		Suburb: <i>Belville</i>					<input type="checkbox"/> With Sunrise Option				
City/Town: <i>Rustenburg</i> Postal Code: <i>0299</i>		City/Town: <i>Cape Town</i> Postal Code: <i>7530</i>					<input type="checkbox"/> With Saturday Service				
Contact: <i>Urrabo</i>		Contact: <i>Liz-Marie</i>					<input type="checkbox"/> Public Holiday Service				
Phone: <i>014 537 2279</i>		Phone: <i>021 914 7053</i>					<input checked="" type="checkbox"/> Economy				
Destination Country: <input checked="" 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)							<input type="checkbox"/> After Hours				
Sender's Reference		Analysis Code					BLNS Customs Tariff				
SPECIAL INSTRUCTIONS Bill Charges To Account No. <i>27766</i> 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						1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/>			
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)		Total Mass (Kg)	
1		1		31		31		25		3	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <i>Lize Marie</i>						Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <i>LESESO</i>					
Date Received: <i>030418</i>			Time Received: <i>1440</i>			Date Received: <i>290318</i>			Time Received: <i>1518</i>		
Signature: <i>[Signature]</i>						Signature: <i>[Signature]</i>					

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Version Control (03/2017)

