

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



SUBBD27219403

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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 WAREHOUSE</u>				<input type="checkbox"/> Same Day	
Street Address <u>SHOP 101</u>		Street Address <u>UNIT 05 HERON PARK</u>				<input checked="" type="checkbox"/> Express	
<u>1 AUGRABES AVENUE</u>		<u>OLIVE GROVE INDUSTRIAL ESTATE</u>				<input type="checkbox"/> With Sunrise Option	
<u>CASHAN EXT 12</u>		<u>OLD DARDREULEI RD</u>				<input type="checkbox"/> With Saturday Service	
Suburb <u>WATERFALL MAN</u>		Suburb <u>SOMERSET WEST</u>				<input type="checkbox"/> Public Holiday Service	
City/Town <u>RUSTENBURG</u> Postal Code <u>0290</u>		City/Town <u>CAPE TOWN</u>		Postal Code <u>7130</u>		<input type="checkbox"/> Economy	
Contact <u>Dep Manager: KERATO MWA</u>		Contact <u>ATTENTION: VICKY</u>				<input type="checkbox"/> After Hours	
Phone <u>014 537 2279</u>		Phone <u>021 861 7178</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		Analysis Code				<input type="checkbox"/> 1. ONLINE	
Sender's Reference <u>FILE</u>						<input type="checkbox"/> 3. EFT	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <u>027756</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		SENDER'S AUTHORISED SIGNATURE		DATE <u>1/3/18</u>	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
<u>1</u>		<u>23</u>		<u>43</u>		<u>1</u>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY)				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)			
<u>J BENADE</u>				<u>LESEFO</u>			
Date Received:		Time Received:		Date Received:		Time Received:	
<u>050318</u>		<u>1005</u>		<u>010318</u>		<u>1726</u>	
Signature: <u>J Benade</u>				Signature: <u>[Signature]</u>			

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Version Control (03/2017)

