

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



SUBBD27363260

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Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <b>LE CREUSET HOBART GROVE</b>		Company Name <b>LE CREUSET TYGERVALLE</b>						<input type="checkbox"/> Same Day	
Street Address <b>SHOP G1 CNR HOBART &amp; GROSVENOR ROADS</b>		Street Address <b>SHOP 513 UPPER LEVEL, TYGERVALLE CENTRE BILL BEZUIDENHOUT ROAD</b>						<input type="checkbox"/> Express	
Suburb <b>BRYANSTON</b>		Suburb <b>BELLVILLE</b>						<input type="checkbox"/> With Sunrise Option	
City/Town <b>JNB</b> Postal Code <b>2021</b>		City/Town <b>CAPE TOWN</b> Postal Code <b>7530</b>						<input type="checkbox"/> With Saturday Service	
Contact <b>SEVARIAN</b>		Contact <b>LIZE-MARIE</b>						<input type="checkbox"/> Public Holiday Service	
Phone <b>011 568 4708</b>		Phone <b>021 914 7053</b>						<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	
Other (Please Specify)		Analysis Code						<input type="checkbox"/> After Hours	
Sender's Reference		Analysis Code						BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <b>027766</b> Bill To <input checked="" 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 14.6, 14.6 AND 14.7 OVERLEAF).									
e-mail / Fax / Proof of Delivery <input type="checkbox"/>						e-mail Address / Fax Number			
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
1									
Goods received in full without damage (unless endorsed)					Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)				
A B I G A I L					T O S I A P				
Date Received:					Date Received:				
0 2 0 3 1 8					2 8 0 2 1 8 1 3 4 0				
Time Received:					Time Received:				
1 2 2 0					1 3 4 0				
Signature:					Signature:				
Total Mass (Kg)									

POD COPY

Version Control (06/2017)

