

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. 4860189685



SUBBD27363333


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</b>						<input type="checkbox"/> Same Day	
Street Address <b>SHOP G1 CNR HOBART &amp; GROSVENOR ROADS</b>		Street Address <b>UNIT 5, HERON PARK OLIVE GROVE INDUSTRIAL ESTATE OLD PAARDEVELEI ROAD SOMERSET WEST</b>						<input checked="" type="checkbox"/> Express	
Suburb <b>BRYANSTON</b>		Suburb <b>SOMERSET WEST</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>7129</b>						<input type="checkbox"/> With Saturday Service	
Contact <b>SEVARIAN</b>		Contact <b>VICKY</b>						<input type="checkbox"/> Public Holiday Service	
Phone <b>011 568 4708</b>		Phone <b>021 851 7178</b>						<input type="checkbox"/> Economy	
Destination Country <input checked="" type="checkbox"/> South Africa		Other (Please Specify)						<input type="checkbox"/> After Hours	
Sender's Reference <b>UTI 91646070</b>		Analysis Code						<input type="checkbox"/> BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)						<input type="checkbox"/> 1. ONLINE	
Bill Charges To Account No. <b>027766</b>		If Consignee Or Other (Third Party) is Billed, Sender Remains Liable For Unpaid Charges.						<input type="checkbox"/> 3. EFT	
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							
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>		<b>HEIGHT (CM)</b>	
1									
Goods received in full without damage (unless endorsed)					Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)				
Adder					DHL				
Date Received:					Date Received:				
03/01/18					02/01/18				
Time Received:					Time Received:				
1050					1500				
Signature:					Signature:				

POD COPY

Version Control 105/2017

*Sfe* 03/01/2018  
SENDER'S AUTHORIZED SIGNATURE DATE

Total Mass (Kg)