

CONTRACT FOR CARRIAGE / DISPATCH NOTE




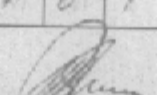
DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2000/016342/07  
VAT. No. 4880189685



SUBBD27419763

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UTI: 5080032


<b>Sender's Details</b>				<b>Consignee's Details. Full Street Address Please</b>				<b>Mark Service Required</b>	
Company Name: <b>LE CREUSET WATERCREST</b>				Company Name: <b>le creuset warehouse</b>				<input type="checkbox"/> Same Day	
Street Address: <b>INANDA ROAD WATERFALL DURBAN</b>				Street Address: <b>Unit 5, HELOM PAEK olive GROVE</b>				<input checked="" type="checkbox"/> Express	
Suburb: <b>DURBAN</b>				Suburb: <b>Somerset west</b>				<input type="checkbox"/> With Sunrise Option	
City / Town: <b>DUR</b>		Postal Code: <b>3652</b>		City / Town: <b>Cape Town</b>		Postal Code: <b>7130</b>		<input type="checkbox"/> With Saturday Service	
Contact: <b>OUR</b>				Contact: <b>Jacqueline</b>				<input type="checkbox"/> Public Holiday Service	
Phone: <b>031 763 1525</b>				Phone: <b>021 851 7178</b>				<input type="checkbox"/> Economy	
Destination Country: <b>South Africa</b>		<b>Botswana</b>		<b>Lesotho</b>		<b>Namibia</b>		<input type="checkbox"/> After Hours	
<b>Swaziland</b>		<b>Other</b>		(Please Specify)		<b>BLNS Customs Tariff</b>			
Sender's Reference: <b>Banking-file</b>				Analysis Code				<input type="checkbox"/> 1. ONLINE	
<b>SPECIAL INSTRUCTIONS</b>									
Bill Charges To Account No.		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		<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).									
						<b>16/10/18</b>			
				<b>SENDER'S AUTHORISED SIGNATURE</b>		<b>DATE</b>		<b>Total Mass (Kg)</b>	
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>	
<b>1</b>		<b>FTFR</b>							
<b>Goods received in full without damage (unless endorsed)</b>					<b>Received By DSV</b>				
Name Of Receiver (PLEASE PRINT CLEARLY): <b>Cerisa Venter</b>					Name Of Courier (PLEASE PRINT CLEARLY): <b>SIVABONGA</b>				
Date Received: <b>17/10/18</b>		Time Received: <b>0920</b>			Date Received: <b>16/10/18</b>		Time Received: <b>1305</b>		
Signature: <b>CAVenter</b>					Signature: 				

POD COPY

Version Control (06/2017)

