

CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



DSV Road (Pty) Ltd
 Va DSV Distribution
 PO Box 63, The Reeds 0051
 Tel (012) 673-2000
 Reg. No. 2000/D15342/07
 VAT No. 4880189685



SUBBD27440657

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name	Le Creuset Bedford	Company Name	Le Creuset Hydepark			<input type="checkbox"/> Same Day	
Street Address	Shop 417 Bedford Centre Smith & Van der Linde	Street Address	Shop 71 Hydepark Shopping Centre Corner 7th Avenue & Jan Smuts Avenue			<input type="checkbox"/> Express	
Suburb	Bedfordview	Suburb	Johannesburg Hydepark			<input type="checkbox"/> With Sunrise Option	
City / Town	JHB	City / Town	Johannesburg			<input type="checkbox"/> With Saturday Service	
Postal Code	2208	Postal Code	2196			<input type="checkbox"/> Public Holiday Service	
Contact	Natasha	Contact	patricia			<input checked="" type="checkbox"/> Economy	
Phone	011 615 1923	Phone	011 325 5006			<input type="checkbox"/> After Hours	
Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other	<input type="checkbox"/> BLNS Customs Tariff
Sender's Reference	471 3844047		Analysis Code				<input type="checkbox"/> 1. ONLINE
SPECIAL INSTRUCTIONS							
Bill Charges To Account No.	027766	Bill To 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			
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)	
1							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY)				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)			
M P H O				[Signature]			
Date Received:		Time Received:		Date Received:		Time Received:	
120718		0339		170718		1230	
Signature:				Signature: [Signature]			

POD COPY

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