

CONTRACT FOR CARRIAGE / DISPATCH NOTE



2 2 2 E E E 2 2 2



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

SUBBD27440664

damages

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please			
Company Name	<i>Mr Cresset Bedford</i>	Company Name	<i>Le Cresset SA</i>		
Street Address	<i>shop 417 Bedford centre Sm'tu &amp; Vanderlinde</i>	Street Address	<i>Unit 5 Heron Park Olivegrove Industrial Estate Old Roverslevesi Rd</i>		
Suburb	<i>Bedford</i>	Suburb	<i>Le Cresset West</i>		
City / Town	<i>JHB</i>	City / Town	<i>Cape Town</i>		
Postal Code	<i>2008</i>	Postal Code	<i>7130</i>		
Contact	<i>Natalia</i>	Contact	<i>Jessica / Pranci</i>		
Phone	<i>011 6157923</i>	Phone	<i>021 8517178</i>		
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)					

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS Customs Tariff

Sender's Reference *damages* Analysis Code

**SPECIAL INSTRUCTIONS** *UTP 4215033*

Bill Charges To Account No. *027766*

Bill To Sender  Consignee  Other (Name Please)

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).

*Cresset*  
SENDER'S AUTHORISED SIGNATURE  
DATE *14.08.2018*

1. ONLINE

3. EFT

e-mail / Fax / Proof of Delivery  e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<i>1</i>				

Total Mass (Kg)

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)  
*BASIL*

Date Received: *16 08 18* Time Received: *10 09 50*

Signature: *[Signature]*

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY)  
*[Signature]*

Date Received: *14 08 18* Time Received: *14 10*

Signature: *[Signature]*

