

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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



SUBBD27440782

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required
Company Name: <i>Le Creuset Bedford</i>		Company Name: <i>Le Creuset MOA</i>					<input type="checkbox"/> Same Day
Street Address: <i>shop 417 Bedford centre Smith & Tucker Linde Bedfordview</i>		Street Address: <i>shop 2040 Mall of Africa c/o Ben Scherman Highway and Merendale Road Waterfall Estate</i>					<input type="checkbox"/> Express
Suburb: <i>Bedfordview</i>		Suburb: <i>Waterfall Estate</i>					<input type="checkbox"/> With Sunrise Option
City/Town: <i>JHB</i> Postal Code: <i>2008</i>		City/Town: <i>JHB</i> Postal Code: <i>2008</i>					<input type="checkbox"/> With Saturday Service
Contact: <i>Harsha</i>		Contact: <i>Fladile</i>					<input type="checkbox"/> Public Holiday Service
Phone: <i>011 615 1923</i>		Phone: <i>011 568 2097</i>					<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 <input type="checkbox"/> Other (Please Specify)							<input type="checkbox"/> AIR Hours
Sender's Reference		Analysis Code					<input type="checkbox"/> BLNS Customs Tariff
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <input type="checkbox"/>		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)	
1							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <i>EMMA</i>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <i>TLOOEN</i>			
Date Received: <i>070818</i>		Time Received: <i>1246</i>		Date Received: <i>050918</i>		Time Received: <i>1205</i>	
Signature: <i>Harsha</i>				Signature: <i>TLOOEN</i>			

1. ONLINE

3. EFT

Total Mass (Kg)

POD COPY

Version Control (08/2017)

