

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



SUBBD27443390

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name LE CREUSET NICOLWAY		Company Name Le Creuset				<input type="checkbox"/> Same Day
Street Address WILLIAM NICOL DRIVE		Street Address Unit 5 Heron Park Old Paardalwei Road Ind Estate Somerset West				
Suburb DRYANSTON		Suburb Somerset West				<input type="checkbox"/> Express
City / Town JNB Postal Code 2196		City / Town Cape Town Postal Code				<input type="checkbox"/> With Sunrise Option
Contact ZANELE NGWENYA		Contact Heleen Jenna				<input type="checkbox"/> With Saturday Service
Phone 011 706 2198		Phone 021 851 7178				<input type="checkbox"/> Public Holiday Service
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 checked="" type="checkbox"/> Economy
Sender's Reference UT 11486933		Analysis Code				<input type="checkbox"/> After Hours
SPECIAL INSTRUCTIONS						
Bill Charges To Account No. 027766		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)				<input type="checkbox"/> BLNS Customs Tariff
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				<input type="checkbox"/> 1. ONLINE
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		<input type="checkbox"/> 3. EFT
						Total Mass (Kg)
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) ELU/NO				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Colin		
Date Received: 22 03 18		Time Received: 10:15		Date Received: 22 03 18		
Signature: 		Signature: 		Time Received: 15:00		

POD COPY

Version Control (08/2017)