

**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



SUBBD27449513

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 PAVILION  
Street Address SHOP UL 262  
PAVILION SHOPPING CENTER  
JACK MAARTENS DRIVE  
Suburb WESTVILLE  
City / Town DURBAN Postal Code 3629  
Contact RASHIE / ROSINA  
Phone 031-2658455

Company Name LE CREUSET GATEWAY  
Street Address GATEWAY THEATRE OF  
SHOPPING SHOP G158  
1 PALM BOULEVARD UMHLANGA  
Suburb RIDGE NEW TOWN CENTRE  
City / Town DURBAN Postal Code 4320  
Contact CASSANDRA / NATASTA  
Phone 031-1001239

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS  
Customs  
Tariff

Destination Country: South Africa, Botswana, Lesotho, Namibia, Swaziland, Other (Please Specify)

Sender's Reference: [ ] Analysis Code: [ ]

**SPECIAL INSTRUCTIONS**

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).

RO 20/06/2018  
SENDER'S AUTHORISED SIGNATURE DATE

1. ONLINE

3. EFT

Total Mass (Kg)

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

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1	1 X BOX			

Goods received in full without damage (unless endorsed)  
Name Of Receiver (PLEASE PRINT CLEARLY)

Received By DSV  
Name Of Courier (PLEASE PRINT CLEARLY)

LINDINE

[ ]

Date Received: 20/06/18

Time Received: 1031

Date Received: [ ]

Time Received: [ ]

Signature: [Signature]

Signature: [Signature]

POD COPY