

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 63, The Reeds 0051  
Tel (012) 673 2000  
Reg. No. 2000/016342/07  
VAT No. 4880189685



SUBBD27449517

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Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name: <b>LECREUSET PAVILION</b>		Company Name: <b>LECREUSET GATEWAY</b>						<input type="checkbox"/> Same Day	
Street Address: <b>SHOP UL 262</b>		Street Address: <b>GATEWAY THEATRE OF SHOPING</b>						<input type="checkbox"/> Express	
<b>PAVILION SHOPPING CENTRE</b>		<b>SHOP G158 NO 1 PALM BOULEVARD</b>						<input type="checkbox"/> With Sunrise Option	
<b>JACK MAARTENS DRIVE</b>		<b>UMHLANGA RIGGE NEWTOWN CENTRE</b>						<input type="checkbox"/> With Saturday Service	
Suburb: <b>NESVILLE</b>		Suburb: <b>UMHLANGA</b>						<input type="checkbox"/> Public Holiday Service	
City/Town: <b>DURBAN</b> Postal Code: <b>3629</b>		City/Town: <b>DURBAN</b> Postal Code: <b>4320</b>						<input checked="" type="checkbox"/> Economy	
Contact: <b>RASHREE / TRISINA</b>		Contact: <b>CASSANDRA</b>						<input type="checkbox"/> After Hours	
Phone: <b>031-2658455</b>		Phone: <b>031-1001239</b>						<input type="checkbox"/> BLNS Customs Tariff	
Destination Country: <input 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)									
Sender's Reference: <b>REGISTER</b>		Analysis Code							
SPECIAL INSTRUCTIONS: <b>LTI 421 9886</b>									
Bill Charges To Account No: <b>026677</b>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE <input type="checkbox"/>	
<p>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).</p>		SENDER'S AUTHORIZED SIGNATURE: <b>B.</b> DATE: <b>14/08/18</b>						3. EFT <input type="checkbox"/>	
		e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number						Total Mass (Kg)	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
<b>XI</b>		<b>XI Box</b>							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY)				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)					
<b>NATALIA</b>				<b>ABRION</b>					
Date Received: <b>15/08/18</b>		Time Received: <b>11:30</b>		Date Received: <b>14/08/18</b>		Time Received: <b>16:14</b>			
Signature: <b>N. B...</b>				Signature: <b>[Signature]</b>					

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Version Control (05/2017)