

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. 4380189685



SUBBD27449528

2 2 2 E E E 2 2 2

~~008411008~~  
 SUB H# 1026509


Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required	
Company Name <u>LE CREUSET PAVILION</u>		Company Name <u>LE CREUSET BALLITO JUNCTION</u>					<input type="checkbox"/> Same Day	
Street Address <u>SHOP W-060</u>		Street Address <u>SHOP 244, LEONORA</u>					<input type="checkbox"/> Express	
<u>PAVILION SHOPPING CENTER</u>		<u>DENE DOLPHIN COAST</u>					<input type="checkbox"/> With Sunrise Option	
<u>JACK MARTEENS DRIVE</u>							<input type="checkbox"/> With Saturday Service	
Suburb <u>WOLFSVILLE</u>		Suburb <u>DURBAN</u>					<input type="checkbox"/> Public Holiday Service	
City / Town <u>DURBAN</u>	Postal Code <u>3629</u>	City / Town		Postal Code		<input checked="" type="checkbox"/> Economy		
Contact <u>TRIGINA / ATSHA</u>		Contact <u>ESHA</u>				<input type="checkbox"/> After Hours		
Phone <u>031-2658455</u>		Phone <u>031-2240138</u>				<input type="checkbox"/> BLNS Customs Tariff		
Destination Country		South Africa					<input type="checkbox"/> 1. ONLINE	
Sender's Reference		Analysis Code					<input type="checkbox"/> 3. EFT	
<b>SPECIAL INSTRUCTIONS</b>								
Bill Charges To Account No. <u>027766</u>		Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		
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).								
SENDER'S AUTHORISED SIGNATURE					DATE <u>02/11/12</u>			
Total Mass (Kg)								
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number						
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>		
<u>2</u>		<u>2 x BOX</u>						
<b>HEIGHT (CM)</b>								
<b>Goods received in full without damage (unless endorsed)</b> Name Of Receiver (PLEASE PRINT CLEARLY) <u>SASHA</u>				<b>Received By DSV</b> Name Of Courier (PLEASE PRINT CLEARLY) <u>NORON</u>				
Date Received: <u>09/11/12</u>		Time Received: <u>1401</u>		Date Received: <u>02/11/12</u>		Time Received: <u>1650</u>		
Signature:				Signature:				

POD COPY

Revision Control (08/2017)

