

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



SUBBD27502710

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 Walmer	Company Name	Le Creuset Head Office						<input type="checkbox"/> Same Day	
Street Address	Shop 103, Walmer Park Shopping Centre	Street Address	Unit 5, Heron Park, Olive Grove, Industrial Estate, Old Paardekops Rd,						<input type="checkbox"/> Express	
Suburb	Walmer Park	Suburb	Somerset West						<input type="checkbox"/> With Sunrise Option	
City/Town	Port Elizabeth	City/Town	Cape Town						<input type="checkbox"/> With Saturday Service	
Postal Code	6070	Postal Code	7130						<input type="checkbox"/> Public Holiday Service	
Contact	Kene	Contact	Hleng						<input checked="" type="checkbox"/> Economy	
Phone	041 367 2818	Phone	(021) 8517178						<input type="checkbox"/> After Hours	
Destination Country	South Africa	Lesotho	Namibia	Swaziland	Other	(Please Specify)				
Sender's Reference	U.T.121255138						Analysis Code			
SPECIAL INSTRUCTIONS										
Bill Charges To Account No	27766		Bill To	<input type="checkbox"/> Sender	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 14.8, 14.8 AND 14.7 OVERLEAF).										
SENDER'S AUTHORISED SIGNATURE							20/04/2018		DATE	
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)	HEIGHT (CM)						
1										
Goods received in full without damage (unless endorsed)						Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY)						Name Of Courier (PLEASE PRINT CLEARLY)				
E.V.V. NO						ZAMA				
Date Received:						Date Received:				
230418						200418				
Time Received:						Time Received:				
0950						1520				
Signature:						Signature:				

BLNS Customs Tariff	
1. ONLINE	<input type="checkbox"/>
3. EFT	<input type="checkbox"/>
Total Mass (Kg)	

POD COPY

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