

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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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



SUBBD27502727

Banking File

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name: <u>Le Creuset Walmer</u>		Company Name: <u>Le Creuset</u>		<input type="checkbox"/> Same Day	
Street Address: <u>Shop 103</u>		Street Address: <u>Unit 5, Heron Park</u>		<input checked="" type="checkbox"/> Express	
<u>Le Creuset Walmer</u>		<u>Olive Grove, Industrial Estate,</u>		<input type="checkbox"/> With Sunrise Option	
<u>Park Shopping Centre</u>		<u>Old Paardevlei Rd</u>		<input type="checkbox"/> With Saturday Service	
Suburb: <u>Walmer</u>		Suburb: <u>Somerset West</u>		<input type="checkbox"/> Public Holiday Service	
City/Town: <u>P.E</u> Postal Code: <u>6020</u>		City/Town: <u>Cape Town</u> Postal Code: <u>7130</u>		<input type="checkbox"/> Economy	
Contact: <u>Kene Newfeldt</u>		Contact: <u>Clarice Brown</u>		<input type="checkbox"/> After Hours	
Phone: <u>(021) 3762318</u>		Phone: <u>(021) 8517178</u>		<input type="checkbox"/> BLNS Customs Tariff	
Destination Country: <u>South Africa</u>		Destination Country: <u>Other</u> (Please Specify)		<input type="checkbox"/> 1. ONLINE	
Sender's Reference: <u> </u>		Analysis Code: <u> </u>		<input type="checkbox"/> 3. EFT	

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 14.6 AND 14.7 OVERLEAF).

SENDER'S AUTHORISED SIGNATURE: _____ DATE: 18/06/2018

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

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<u>1</u>				

Goods received in full without damage (unless endorsed) Name of Receiver (PLEASE PRINT CLEARLY) <u>Madhu</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>ZAMA</u>		
Date Received: <u>180618</u>	Time Received: <u>05844</u>	Date Received: <u>180618</u>	Time Received: <u>1710</u>	
Signature: _____		Signature: _____		

POD COPY

Version Control (09/2017)