

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



SUBBD27502765

BANKING  
FILE.

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name	LE CREUSET WALMER	Company Name	LE CREUSET ACCOUNTS			Same Day
Street Address	SHOP 103 WALMER PARK SHOPPING CENTRE WALMER PARK	Street Address	UNIT 5, HERON PARK. OLIVE GROVE, INDUSTRIAL EST OLD PAARDEVLEI ROAD. SOMERSET WEST.			Express <input checked="" type="checkbox"/>
Suburb		Suburb				With Sunrise Option
City/Town	P.E. Postal Code 6001	City/Town	CAPE TOWN Postal Code 8001			With Saturday Service
Contact	RENE NEWELDT	Contact	CLARICE BRONN			Public Holiday Service
Phone	041 367 2318	Phone	021 851 7178			Economy
Destination Country	South Africa <input checked="" type="checkbox"/>	Other	(Please Specify)			After Hours
Sender's Reference	UTI	Analysis Code				BLNS Customs Tariff
<b>SPECIAL INSTRUCTIONS</b>						1. ONLINE <input type="checkbox"/>
Bill Charges To Account No.	027766	Bill To Sender <input type="checkbox"/>	Consignee <input type="checkbox"/>	Other (Name Please) <input type="checkbox"/>	3. EFT <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>						
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)		
1						
Goods received in full without damage (unless endorsed)			Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)			Name Of Courier (PLEASE PRINT CLEARLY)			
CERISA			XOLANI			
Date Received:		Time Received:	Date Received:		Time Received:	
191118		0947	161118		11450	
Signature: CAVENTER			Signature: [Signature]			

POD COPY

Version Control (06/2017)

