

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



SUBBD27502779

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DAMAGES					
REPLACEMENTS					

✓
✓

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET WALMER		Company Name LE CREUSET WAREHOUSE				<input type="checkbox"/> Same Day	
Street Address SHOP 103		Street Address UNIT 5 HERON PARK				<input type="checkbox"/> Express	
WALMER PARK		OLIVE GROVE, INDUSTRIAL EST				<input type="checkbox"/> With Sunrise Option	
SHOPPING CENTRE		OLD PAARDEVELEI ROAD				<input type="checkbox"/> With Saturday Service	
Suburb WALMER PARK		Suburb SOMERSET WEST				<input type="checkbox"/> Public Holiday Service	
City/Town P.E. Postal Code 6001		City/Town CAPE TOWN Postal Code 8001		<input checked="" type="checkbox"/> Economy		<input type="checkbox"/> After Hours	
Contact RENE NENFELDT		Contact JENNA FRANCI				BLNS Customs Tariff	
Phone 041 367 2318		Phone 021 851 7178				1: ONLINE <input type="checkbox"/>	
Destination Country <input checked="" 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)		Analysis Code				3: EFT <input type="checkbox"/>	
Sender's Reference UTI						Total Mass (Kg)	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027766		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> 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 14.5, 14.6 AND 14.7 OVERLEAF).							
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)	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
EIVIMO				ZAMA			
Date Received:		Time Received:		Date Received:		Time Received:	
22 11 18		1009		21 11 18		1310	
Signature:				Signature:			

POD COPY

Version Control (08/2017)

