

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



SUBBD27548402

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POD COPY

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required											
Company Name: <b>LE CREUSET WATERCREST</b>				Company Name: <b>LE CREUSET WAREHOUSE</b>				<input type="checkbox"/> Same Day											
Street Address: <b>INANDA ROAD WATERFALL DURBAN</b>				Street Address: <b>UNIT 5, HERON PARK OLIVE GROVE INDUSTRIAL SOMEREST WEST</b>				<input checked="" type="checkbox"/> Express											
Suburb: <b>DURBAN</b>				Suburb: <b>CAPE TOWN</b>				<input type="checkbox"/> With Sunrise Option											
City / Town: <b>DUR</b>		Postal Code: <b>3652</b>		City / Town: <b>CAPE TOWN (CPT)</b>		Postal Code: <b>7129</b>		<input type="checkbox"/> With Saturday Service											
Contact: <b>031-763-1525</b>				Contact: <b>Jacqueline</b>				<input type="checkbox"/> Public Holiday Service											
Phone: <b>031-763-1525</b>				Phone: <b>021-851-7178</b>				<input type="checkbox"/> Economy											
Destination Country: <b>South Africa</b>		<input type="checkbox"/> Botswana		<input type="checkbox"/> Lesotho		<input type="checkbox"/> Namibia		<input type="checkbox"/> Swaziland											
<input type="checkbox"/> Other (Please Specify)																			
Sender's Reference: <b>Banking-file</b>				Analysis Code: <b>027755</b>				<input type="checkbox"/> After Hours											
<b>SPECIAL INSTRUCTIONS</b>																			
Bill Charges To Account No. <input type="checkbox"/>				Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		<input type="checkbox"/> BLNS Customs Tariff									
<p><small>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).</small></p>																			
 SENDER'S AUTHORISED SIGNATURE						DATE: <b>02/04/18</b>													
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Parcels</th> <th>NO. OF PARCELS PER DIMENSIONS</th> <th>LENGTH (CM)</th> <th>WIDTH (CM)</th> <th>HEIGHT (CM)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">Flyer</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	1	Flyer			
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1	Flyer																		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <b>A de Beer</b>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <b>BRIGHT</b>														
Date Received: <b>02/04/18</b>					Date Received: <b>03/04/18</b>														
Time Received: <b>09:20</b>					Time Received: <b>13:45</b>														
Signature:					Signature:														

Version Control: 08/2017