

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



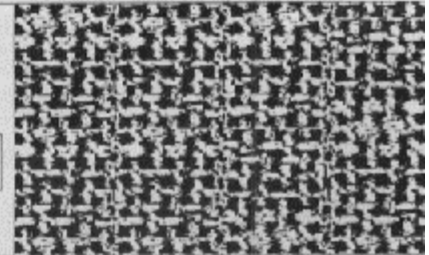
SUBBD27548403

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Sender's Details		Consignee's Details. Full Street Address Please			
Company Name: LE CREUSET WATERCREST		Company Name: LE CREUSET WAREHOUSE			
Street Address: INANDA ROAD		Street Address: UNIT 5, HERON PARK			
WATERFALL		OLIVE GROVE INDUSTRIAL			
DURBAN		SOHEREST WEST			
Suburb: _____		Suburb: CAPE TOWN			
City / Town: DUR Postal Code: 3652		City / Town: CAPE TOWN (CPT) Postal Code: 7129			
Contact: Siphelele		Contact: Jacqueline			
Phone: 031 763 1525		Phone: 021 851 7178			
Destination Country: South Africa		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other <input type="checkbox"/> (Please Specify)			
Sender's Reference: banking-file		Analysis Code: _____			
SPECIAL INSTRUCTIONS					
Bill Charges To Account No: _____		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)	HEIGHT (CM)
1		Flyer			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): Nachwe			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): SINABONGA		
Date Received: 17/04/18		Time Received: 1056		Date Received: 16/04/18	
Signature: _____		Signature: _____			

Mark Service Required
Same Day <input type="checkbox"/>
Express <input checked="" type="checkbox"/>
With Sunrise Option <input type="checkbox"/>
With Saturday Service <input type="checkbox"/>
Public Holiday Service <input type="checkbox"/>
Economy <input type="checkbox"/>
After Hours <input type="checkbox"/>
BLNS Customs Tariff <input type="checkbox"/>
1. ONLINE <input type="checkbox"/>
3. EFT <input type="checkbox"/>
Total Mass (Kg) _____

POD COPY



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