

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



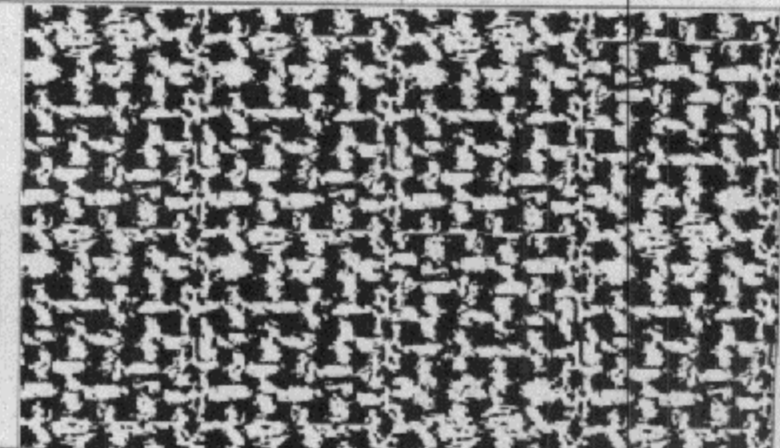
SUBBD27548405

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name..... LE CREUSET WATERCREST		Company Name..... LE CREUSET WAREHOUSE				<input type="checkbox"/> Same Day	
Street Address..... INANDA ROAD WATERFALL DURBAN		Street Address..... UNIT 5, HERON PARK OLIVE GROVE INDUSTRIAL SOHEREST WEST				<input type="checkbox"/> Express	
Suburb.....		Suburb..... CAPE TOWN				<input type="checkbox"/> With Sunrise Option	
City / Town <input type="text" value="DUR"/> Postal Code..... 3652		City / Town <input type="text" value="CAPE TOWN (CPT)"/> Postal Code..... 7129				<input type="checkbox"/> With Saturday Service	
Contact.....		Contact..... LISA				<input type="checkbox"/> Public Holiday Service	
Phone..... 031 763 1525		Phone..... 021 851 7178				<input checked="" type="checkbox"/> Economy	
Destination Country		Destination Country				<input type="checkbox"/> After Hours	
South Africa		Botswana Lesotho Namibia Swaziland Other (Please Specify)				BLNS Customs Tariff	
Sender's Reference DOCUMENTS		Analysis Code				1. ONLINE <input type="checkbox"/>	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <input type="text"/>		Bill To <input type="checkbox"/> Sender		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="text" value="1"/>		flyer					
HEIGHT(CM)							
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
CARMEN				INAIGO			
Date Received:		Time Received:		Date Received:		Time Received:	
250418		0912		240418		1335	
Signature: CITROUPE				Signature:			

POD COPY

Version Control (08/2017)



Total Mass (Kg)