

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



SUBBD27548409

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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 SOMEREST WEST CAPE TOWN				<input type="checkbox"/> Express	
Suburb: DURBAN		Suburb: CAPE TOWN				<input type="checkbox"/> With Sunrise Option	
City / Town: DUR Postal Code: 3652		City / Town: CAPE TOWN (OPT) JENNA Postal Code: 7129				<input type="checkbox"/> With Saturday Service	
Contact: _____		Contact: _____				<input type="checkbox"/> Public Holiday Service	
Phone: 031 763 1525		Phone: 021 851 7178				<input checked="" type="checkbox"/> Economy	
Destination Country: South Africa		Lesotho Namibia Swaziland Other (Please Specify)				<input type="checkbox"/> After Hours	
Sender's Reference: _____		Analysis Code: _____				BLNS Customs Tariff	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. _____		Bill To: <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) _____		If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.		1. ONLINE <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 _____				<p><i>[Signature]</i> 021 29/05/18</p> <p>SENDER'S AUTHORISED SIGNATURE DATE</p>		3. EFT <input type="checkbox"/>	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
1		1 Box					
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY): BASIL				Name Of Courier (PLEASE PRINT CLEARLY): SIVABONGA			
Date Received: 31 05 18		Time Received: 10 00		Date Received: 29 05 18		Time Received: 14 30	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

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