

**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



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SUBH T 1069

06928150


UTI 3377259.

SUBBD27548412

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 CAPE TOWN</b>				
Suburb: <b>DURBAN</b>		Suburb: <b>CAPE TOWN</b>				<input type="checkbox"/> Express
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 Sunrise Option
Contact: _____		Contact: _____				<input type="checkbox"/> With Saturday Service
Phone: <b>031 763 1525</b>		Phone: <b>021 851 7178</b>				<input type="checkbox"/> Public Holiday Service
Destination Country: South Africa		Lesotho Namibia Swaziland Other (Please Specify)				<input type="checkbox"/> Economy
Sender's Reference: <b>COMPETITIONENTRIES</b>		Analysis Code: _____				<input type="checkbox"/> After Hours
<b>SPECIAL INSTRUCTIONS</b>						
Bill Charges To Account No. _____		Bill To: <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) _____				<input type="checkbox"/> 1. ONLINE
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 _____				<input checked="" type="checkbox"/> 3. EFT
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>				<b>Total Mass (Kg)</b>
1		FLYER				
Length (CM)		Width (CM)		Height (CM)		
_____		_____		_____		
Goods received in full without damage (unless endorsed)			Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY): <b>COORMEN</b>			Name Of Courier (PLEASE PRINT CLEARLY): <b>SINABONGA</b>			
Date Received: <b>290618</b>			Date Received: <b>270618</b>			
Time Received: <b>1000</b>			Time Received: <b>1655</b>			
Signature: <b>COORMEN</b>			Signature: _____			

POD COPY

Version Control (08/2017)