

CONTRACT FOR CARRIAGE / DISPATCH NOTE

UTI 4405142



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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

SUBBD27548427

<b>Sender's Details</b>				<b>Consignee's Details. Full Street Address Please</b>				<b>Mark Service Required</b>	
Company Name..... <b>LE CREUSET WATERCREST</b>				Company Name..... <b>LE CREUSET WAREHOUSE</b>				<input type="checkbox"/> Same Day	
Street Address..... <b>INANDA ROAD</b>				Street Address..... <b>UNIT 5, HERON PARK</b>				<input type="checkbox"/> Express	
<b>WATERFALL</b>				<b>OLIVE GROVE INDUSTRIAL</b>				<input type="checkbox"/> With Sunrise Option	
<b>DURBAN</b>				<b>SOMEREST WEST</b>				<input type="checkbox"/> With Saturday Service	
Suburb.....				Suburb..... <b>CAPE TOWN</b>				<input checked="" type="checkbox"/> Economy	
City / Town.....		Postal Code.....		City / Town.....		Postal Code.....		<input type="checkbox"/> After Hours	
<b>DUR</b>		<b>3652</b>		<b>CAPE TOWN (CPT)</b>		<b>7129</b>		<input type="checkbox"/> BLNS Customs Tariff	
Contact <b>SUPERSAID</b>				Contact <b>Jenna / Frans</b>					
Phone..... <b>031 763 1525</b>				Phone..... <b>021 851 7178</b>					
Destination Country		South Africa		Botswana		Lesotho		Namibia	
								Swaziland	
								Other (Please Specify)	
Sender's Reference <b>Hex - Boxes</b>				Analysis Code					
<b>SPECIAL INSTRUCTIONS</b>									
Bill Charges To Account No.				Bill To 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					
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>		<b>HEIGHT (CM)</b>	
<b>1</b>		<b>BOX</b>							
Goods received in full without damage (unless endorsed)					Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)				
<b>BASIL</b>					<b>SHABONGA</b>				
Date Received:					Date Received:				
<b>300818</b>					<b>280818</b>				
Time Received:					Time Received:				
<b>1035</b>					<b>1344</b>				
Signature:					Signature:				

POD COPY

Version Control (08/2017)