

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



SUBBD27548442

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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</b> <b>WATERFALL</b> <b>DURBAN</b>		Street Address..... <b>UNIT 5, HERON PARK</b> <b>OLIVE GROVE INDUSTRIAL</b> <b>SOMEREST WEST</b>				<input type="checkbox"/> Express	
Suburb.....		Suburb..... <b>CAPE TOWN</b>				<input type="checkbox"/> With Sunrise Option	
City / Town <input type="text" value="DUR"/> Postal Code..... <b>3652</b>		City / Town <input type="text" value="CAPE TOWN (CPT)"/> Postal Code..... <b>7129</b>				<input type="checkbox"/> With Saturday Service	
Contact.....		Contact..... <b>Jenna d France</b>				<input type="checkbox"/> Public Holiday Service	
Phone..... <b>031 763 1525</b>		Phone..... <b>021 851 7178</b>				<input checked="" type="checkbox"/> Economy	
Destination Country		South Africa		Botswana		Lesotho	
South Africa		Botswana		Lesotho		Namibia	
Botswana		Lesotho		Namibia		Swaziland	
Lesotho		Namibia		Swaziland		Other (Please Specify)	
Sender's Reference <b>Rc pair Traditionel Kettle</b>		Analysis Code				BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>		<b>BIK</b>				1. ONLINE <input type="checkbox"/>	
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 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).		If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.				3. EFT <input type="checkbox"/>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number				Total Mass (Kg)	
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>	
<input type="text" value="1"/>		<b>Boj</b>					
<b>HEIGHT(CM)</b>							
Goods received in full without damage (unless endorsed)		Received By DSV				Name Of Receiver (PLEASE PRINT CLEARLY)	
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)				<b>BRIGHT</b>	
Date Received:		Time Received:		Date Received:		Time Received:	
<b>190318</b>		<b>0945</b>		<b>160318</b>		<b>1600</b>	
Signature:		Signature:					

POD COPY

Version Control (06/2017)