

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



SUBBD27555100

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required		
Company Name <i>La Creuset Baywest</i>		Company Name <i>La Creuset Warehouse (nl)</i>				<input checked="" type="checkbox"/> Same Day		
Street Address <i>Shop LG 43, Baywest Mall, N2, Walker Drive extension</i>		Street Address <i>Unit 5, Heron Park, Olive Grove, industrial estate, Old Pardenlei road</i>				<input type="checkbox"/> Express		
Suburb <i>Walker Drive extension</i>		Suburb <i>Somerset West</i>				<input type="checkbox"/> With Sunrise Option		
City / Town <i>P.E</i>	Postal Code <i>6001</i>	City / Town <i>Cape Town</i>	Postal Code <i>7100</i>	<input type="checkbox"/> With Saturday Service		<input type="checkbox"/> Public Holiday Service		
Contact <i>Love</i>	Phone <i>041 024 0011</i>	Contact <i>Mary</i>	Phone <i>021 851 7178</i>	<input checked="" type="checkbox"/> Economy		<input type="checkbox"/> After Hours		
Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	BLNS Customs Tariff		
Sender's Reference <i>UT 11068936</i>		Analysis Code				1. ONLINE <input type="checkbox"/>		
SPECIAL INSTRUCTIONS								
Bill Charges To Account No. <i>027706</i>	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.				3. EFT <input checked="" 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, 14.8 AND 14.7 OVERLEAF).								
e-mail / Fax / Proof of Delivery <input type="checkbox"/>				e-mail Address / Fax Number				Total Mass (Kg)
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)			
1		1	50	49	36			
Goods received in full without damage (unless endorsed)				Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY) <i>ELVIN</i>				Name Of Courier (PLEASE PRINT CLEARLY) <i>XOLANI</i>				
Date Received: <i>070518</i>		Time Received: <i>1000</i>		Date Received: <i>060318</i>		Time Received: <i>1710</i>		
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>				

POD COPY

Version Control (03/2017)

