

CONTRACT FOR CARRIAGE / DISPATCH NOTE

Replacement
Damage
2 2 2 E E E 2 2 2



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



SUBBD27555106

830

LE CREUSET Company Name LE CREUSET BAYWEST MALL Street Address CO. REG.: 1997/021366/07 VAT: 4160178069 TEL: 041-004 0011 EMAIL: baywest.store.za@lecreuset.com			Consignee's Details. Full Street Address Please Company Name: Le creuset warehouse Street Address: Unit 53 Heon Park Olive grove Industrial Estate Old Paardevlei Road Somerset West Suburb: Somerset West City / Town: Cape Town Postal Code: 7600 (7100) Contact: Att. Jerrat Franci Phone: 021 851 7178			Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours BLNS Customs Tariff		
Destination Country South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)	Sender's Reference		Analysis Code		BLNS Customs Tariff			

SPECIAL INSTRUCTIONS

Bill Charges To Account No. **027766** Bill To Sender Consignee Other (Name Please)

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).

SENDER'S AUTHORISED SIGNATURE: **[Signature]** DATE: **17/02/18**

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1	1	46	47	53

Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) ECV/MO	Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) XOLANI	
Date Received: 150218	Date Received: 140218	
Signature: [Signature]	Signature: [Signature]	

POD COPY

Version Control (08/2017)