

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



SUBBD27555119

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required			
Company Name: LE CREUSET Street: LE CREUSET BAYWEST MALL CO. REG.: 1997/021366/07 VAT: 4160178069 Suburb: TEL: 041 004 0011 City/Town: baywest.store.za@lecreuset.com Contact: baywest.store.za@lecreuset.com Phone:		Company Name: Le Creuset Warehouse Street Address: Unit 5 Heron Park Olive Grove Industrial Estate Old Paardevlei Road Suburb: Somerset City/Town: Cape Town Postal Code: 7100 Contact: Jenri / Ben Phone: 021 8517178				<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			
Destination Country: South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)		Analysis Code:				<input type="checkbox"/> BLNS <input type="checkbox"/> Customs <input type="checkbox"/> Tariff			
Sender's Reference: UT I 9 7 4 3 4 2 7		SPECIAL INSTRUCTIONS				<input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT			
Bill Charges To Account No: 027766		Bill To: <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)				Total Mass (Kg)			
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 AUTHORIZED SIGNATURE: [Signature] DATE: 09/01/2018									
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number									
Total Parcels: 1		NO. OF PARCELS PER DIMENSIONS: 1		LENGTH (CM): 33		WIDTH (CM): 33		HEIGHT (CM): 42	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): Nazwa				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): XOLANI					
Date Received: 10 01 18		Time Received: 08:20		Date Received: 09 01 18		Time Received: 15:44			
Signature: [Signature]				Signature: [Signature]					

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