

CONTRACT FOR CARRIAGE / DISPATCH NOTE

Online

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



SUBBD27555121

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required			
Company Name: LE CREUSET LE CREUSET BAYWEST MALL CO. REG.: 1997/021366/07 Suburb: VAT: 4160178069 City/Town: TEL: 041 004 0011 Postal Code: EMAIL: baywest.store.za@lecreuset.com Phone:		Company Name: Le Creuset Warehouse Street Address: Unit 5 Heron Park olive Grove Industrial Estate old Paardekraai Road. Suburb: Somerset West 7 City/Town: Cape Town Postal Code: 7130 Contact: Mary (online) Phone: 021 48517178						<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)		BLNS Customs Tariff						<input type="checkbox"/>			
Sender's Reference: UT19633960 Analysis Code:		1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/>						Total Mass (Kg)			
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 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.											
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		SENDER'S AUTHORIZED SIGNATURE: <i>[Signature]</i> DATE: 29/12/17						Total Mass (Kg)			
Total Parcels: 1		NO. OF PARCELS PER DIMENSIONS: Box		LENGTH (CM): 36		WIDTH (CM): 30		HEIGHT (CM): 44			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): Mary Date Received: 02 01 18 Time Received: 09:00 Signature: <i>[Signature]</i>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): ANTONY Date Received: 29 12 17 Time Received: 16 25 Signature: <i>[Signature]</i>						

POD COPY

Version Control (03/2017)