

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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) 573-2000
Reg. No. 2000/016342/07
VAT No. 4880189685



SUBBD27557382

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required			
Company Name LE CREUSET WALHER PARK SHOP 103		Company Name Le Creuset - Online Store				<input type="checkbox"/> Same Day			
Street Address WALHER PARK SHOPPING CENTRE WALHER PARK		Street Address Unit 5, Heron Park, Olive Grove, Industrial Estate Old Boardwalk Rd Somerset West							
Suburb PORT ELIZABETH 6070		Suburb Cape Town				<input type="checkbox"/> Express			
City/Town RENE		City/Town Cape Town Postal Code 7100				<input type="checkbox"/> With Sunrise Option			
Contact RENE		Contact Yolanda				<input type="checkbox"/> With Saturday Service			
Phone 041 367 2318		Phone (021) 8517178				<input type="checkbox"/> Public Holiday Service			
Destination Country		Destination Country				<input checked="" type="checkbox"/> Economy			
South Africa		Botswana				<input type="checkbox"/> After Hours			
Lesotho		Namibia				<input type="checkbox"/> BLNS Customs Tariff			
Swaziland		Other (Please Specify)				<input type="checkbox"/> 1. ONLINE			
Sender's Reference		Analysis Code				<input type="checkbox"/> 3. EFT			
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. 027766		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> 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).									
e-mail / Fax / Proof of Delivery <input type="checkbox"/>					e-mail Address / Fax Number				
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
1									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) ELUINO					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) ZAMA				
Date Received: 080218					Date Received: 070218				
Time Received: 0940					Time Received: 1655				
Signature:					Signature:				

POD COPY

Version Control (06/2017)

