

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



SUBBD27557389

2 2 2 E E E 2 2 2

Competition
Enterics

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET WALMER PARK SHOP 103		Company Name Le Creuset				<input type="checkbox"/> Same Day	
Street Address WALMER PARK SHOPPING CENTRE WALMER PARK		Street Address Unit 5, Heron Park Olive Grove, Industrial Estate Old Paardeveld Rd Somerset west				<input type="checkbox"/> Express	
Suburb PORT ELIZABETH 6070		Suburb Somerset west				<input type="checkbox"/> With Sunrise Option	
City/Town PORT ELIZABETH Postal Code 6070		City/Town Cape Town Postal Code 7130				<input type="checkbox"/> With Saturday Service	
Contact RENE		Contact Lauren				<input type="checkbox"/> Public Holiday Service	
Phone 041 367 2318		Phone (021) 851 7178				<input checked="" type="checkbox"/> Economy	
Destination Country		Analysis Code				<input type="checkbox"/> After Hours	
South Africa						BLNS Customs Tariff	
Botswana						1. ONLINE <input type="checkbox"/>	
Lesotho						3. EFT <input type="checkbox"/>	
Namibia						Total Mass (Kg)	
Swaziland							
Other (Please Specify)							
Sender's Reference							
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 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)	
1							
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) ZAMA			
Date Received: 05 03 18		Time Received: 1025		Date Received: 03 01 18		Time Received: 1541	
Signature:				Signature:			

POD COPY

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