

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
1/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT. No. 4880189685



SUBBD27557397

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name LE CREUSET WALTER PARK SHOP 103		Company Name Le Creuset Canal Walk						<input type="checkbox"/> Same Day	
Street Address WALTER PARK SHOPPING CENTRE Shopping Centre LG. WALTER PARK		Street Address Shop 176, Canal Walk						<input type="checkbox"/> Express	
Suburb		Suburb Century City						<input type="checkbox"/> With Sunrise Option	
City/Town PORT ELIZABETH 6070		City/Town Cape Town Postal Code 7441						<input type="checkbox"/> With Saturday Service	
Contact RENE		Contact Abigail van Graan						<input type="checkbox"/> Public Holiday Service	
Phone 041 367 2318		Phone 031 551 0225						<input checked="" type="checkbox"/> Economy	
Destination Country		(Please Specify)						<input type="checkbox"/> After Hours	
South Africa		Botswana Lesotho Namibia Swaziland Other						<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference UTI		Analysis Code						<input type="checkbox"/> 1. ONLINE	
SPECIAL INSTRUCTIONS		Bill Charges To Account No 027766						<input type="checkbox"/> 3. EFT	
		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> 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:							
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) JAMIE - LEE				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) ZAMA					
Date Received: 04 04 18		Time Received: 13 00		Date Received: 03 04 18		Time Received: 12 37			
Signature:				Signature:					

POD COPY

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