

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



SUBBD27574515

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Damage's

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name	Le creuset Killarney	Company Name	Le creuset SA			<input type="checkbox"/> Same Day	
Street Address	Shop 100 Killarney Mall Riverside Road Killarney	Street Address	Unit 5, Heron Park Olive grove, Industrial Estate Old Pandevlei Rd Somerset west			<input type="checkbox"/> Express	
Suburb	Killarney	Suburb	Somerset west			<input type="checkbox"/> With Sunrise Option	
City / Town	JHB	City / Town	Cape town			<input type="checkbox"/> With Saturday Service	
Postal Code	2196	Postal Code	7130			<input type="checkbox"/> Public Holiday Service	
Contact	Natasha	Contact	Jenna/Hanci			<input checked="" type="checkbox"/> Economy	
Phone	011 646 6316	Phone	021 851 7178			<input type="checkbox"/> After Hours	
Destination Country	South Africa	Other	(Please Specify)			<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference	UT 10 95 5928	Analysis Code				<input type="checkbox"/> 1. ONLINE	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No.	027766	Bill To 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)	Total Mass (Kg)		
1	1 BOX						
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY)				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)			
ECV/NO				JOL			
Date Received:		Time Received:		Date Received:		Time Received:	
050318		1025		010318		1735	
Signature:				Signature:			

POD COPY

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