

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



SUBBD27574546

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Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required
Company Name: <u>Le creuset Killarney</u>		Company Name: <u>Le creuset Nicolway</u>					<input type="checkbox"/> Same Day
Street Address: <u>Shop 100</u>		Street Address: <u>Shop L21</u>					<input type="checkbox"/> Express
<u>Killarney mall</u>		<u>Nicolway Shopping centre</u>					<input type="checkbox"/> With Sunrise Option
<u>60 Riviera Rd</u>		<u>William Nicol Drive</u>					<input type="checkbox"/> With Saturday Service
Suburb: <u>Killarney</u>		Suburb: <u>Bryanston</u>					<input type="checkbox"/> Public Holiday Service
City / Town: <u>JHB</u> Postal Code: <u>2193</u>		City / Town: <u>JHB</u> Postal Code: <u>2191</u>					<input checked="" type="checkbox"/> Economy
Contact: <u>Natasha</u>		Contact: <u>Zanele</u>					<input type="checkbox"/> After Hours
Phone: <u>011 676 6316</u>		Phone: <u>011 568 4708</u>					<input type="checkbox"/> BLNS Customs Tariff
Destination Country: <u>South Africa</u>		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other <input type="checkbox"/> (Please Specify)					<input type="checkbox"/>
Sender's Reference: <u>UT11057759</u>		Analysis Code: <u></u>					<input type="checkbox"/>
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <u>027766</u>		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>					<input type="checkbox"/> 1. ONLINE
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					<input type="checkbox"/> 3. EFT
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
<u>1</u>		<u>1 BOX</u>		<u></u>		<u></u>	
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY): <u>Munaka</u>				Name Of Courier (PLEASE PRINT CLEARLY): <u>500</u>			
Date Received: <u>070318</u>		Time Received: <u>1024</u>		Date Received: <u>060318</u>		Time Received: <u>1708</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			
Total Mass (Kg)							

POD COPY

Version Control (06/2017)

