

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 53, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT No. 4880189685



SUBBD27648281

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET HOBART GROVE		Company Name Le Creuset Sandton				<input type="checkbox"/> Same Day	
Street Address SHOP G1 CNR HOBART & GROSVENOR ROAD		Street Address Shop h 339 Sandton City Shopping Centre 5th and Rivonia street Sandton				<input type="checkbox"/> Express	
Suburb BYANSTON		Suburb Sandton				<input type="checkbox"/> With Sunrise Option	
City / Town JNB Postal Code 2021		City / Town JHB Postal Code 2196				<input type="checkbox"/> With Saturday Service	
Contact SEVARTAN		Contact Kalabo				<input type="checkbox"/> Public Holiday Service	
Phone 011 568 4708		Phone 011 784 0301				<input checked="" type="checkbox"/> Economy	
Destination Country		(Please Specify)				<input type="checkbox"/> After Hours	
South Africa		Botswana Lesotho Namibia Swaziland Other				BLNS Customs Tariff	
Sender's Reference UTI 0243410		Analysis Code				1. ONLINE <input type="checkbox"/>	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027766		Bill To <input checked="" type="checkbox"/> Sender		Consignee <input type="checkbox"/>		3. EFT <input type="checkbox"/>	
		Other (Name Please) <input type="checkbox"/>		If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.		Total Mass (Kg)	
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, 14.8 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)							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) LEBOGO				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Josiah			
Date Received: 020218		Time Received: 1002		Date Received: 010818		Time Received: 1700	
Signature:				Signature:			

POD COPY

Version Control (08/2017)

