

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. 2000/016-447/07
VAT. No. 4880189685



SUBBD27648353

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name: LE CREUSET HOBART GROVE		Company Name: LE CREUSET CLEARWATER						<input type="checkbox"/> Same Day	
Street Address: SHOP G1 CNR HOBART & GROSVENOR ROAD		Street Address: SHOP UMO30A CLEARWATER MALL CHRISTIAN DE WET ROAD CLEARWATER						<input type="checkbox"/> Express	
Euburb: EBBYANSTON		Suburb: CLEARWATER						<input type="checkbox"/> With Sunrise Option	
City / Town: JNB Postal Code: 2021		City / Town: JOHANNESBURG Postal Code: 2001						<input type="checkbox"/> With Saturday Service	
Contact: SEVARIAN		Contact: LISA						<input type="checkbox"/> Public Holiday Service	
Phone: 011 568 4708		Phone: 011 475 1202						<input checked="" type="checkbox"/> Economy	
Destination Country: <input checked="" type="checkbox"/> South Africa		<input type="checkbox"/> Botswana		<input type="checkbox"/> Lesotho		<input type="checkbox"/> Namibia		<input type="checkbox"/> Swaziland	
Other: (Please Specify)									
Sender's Reference		Analysis Code						<input type="checkbox"/> After Hours	
SPECIAL INSTRUCTIONS									
Bill Charges To Account No: 027765		Bill To Sender: <input checked="" type="checkbox"/>		Consignee: <input type="checkbox"/>		Other (Name Please): <input type="checkbox"/>		1. ONLINE <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).									
Sender's Authorized Signature: <i>S. Jhe</i>						DATE: 14/6/2018		3. EFT <input type="checkbox"/>	
a-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): LISA					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): S. Cas				
Date Received: 15 06 18			Time Received: 12 06		Date Received: 14 06 18			Time Received: 12 15	
Signature: <i>Ubulky</i>					Signature: <i>[Signature]</i>				

POD COPY

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