

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



SUBBD27648376

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 Warehouse		<input type="checkbox"/> Same Day	
Street Address: SHOP G1 CNR HOBART & GROSVENOR ROAD		Street Address: Unit 5, Hobart Park, Olive Grove Old Paarde Vlei Road		<input type="checkbox"/> Express	
Suburb: LYANSTON		Suburb: Somerset West		<input type="checkbox"/> With Sunrise Option	
City / Town: JNB Postal Code: 2021		City / Town: Cape town Postal Code: 8001		<input type="checkbox"/> With Saturday Service	
Contact: SEVARIAN		Contact: Vicky		<input type="checkbox"/> Public Holiday Service	
Phone: 011 568 4708		Phone: 021 851 7178		<input checked="" type="checkbox"/> Economy	
Destination Country: <input checked="" type="checkbox"/> South Africa		Other (Please Specify): Other		<input type="checkbox"/> After Hours	
Sender's Reference: 027766		Analysis Code: 1001		BLNS Customs Tariff: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS				1. ONLINE <input checked="" type="checkbox"/>	
Bill Charges To Account No. 027766		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>		3. EFT <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).					
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		Total Mass (Kg)	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)	
WIDTH (CM)		HEIGHT (CM)			
Goods received in full without damage (unless endorsed)		Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)			
Date Received: 050218		Date Received: 010118			
Time Received: 1030		Time Received: 1700			
Signature:		Signature:			

POD COPY

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