

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd  
 t/a DSV Distribution  
 PO Box 63, The Recs 0051  
 Tel (012) 673 2000  
 Reg. No. 2000/016342/07  
 VAT No. 4880189685



SUBBD27650801

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name <b>LE CREUSET</b>		Company Name <b>Le creuset Mall of Africa</b>				<input type="checkbox"/> Same Day
Street Address <b>CNR KLIPRIVIER DRIVE &amp; SWARIKOPPIES RD- SHOP G062</b>		Street Address <b>Shop 2040, Mall of Africa</b>				
Suburb <b>ASPEN HILLS</b>		Suburb <b>C/o Ben Schoeman</b>				<input type="checkbox"/> Express
City/Town <b>JNB</b> Postal Code <b>2013</b>		City/Town <b>Gauteng</b> Postal Code <b>2066</b>				<input type="checkbox"/> With Sunrise Option
Contact <b>LULO NONOISE</b>		Contact <b>Phindile</b>				<input type="checkbox"/> With Saturday Service
Phone <b>010 500 0223</b>		Phone <b>011 568 2097</b>				<input type="checkbox"/> Public Holiday Service
Destination Country <input checked="" type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)						<input checked="" type="checkbox"/> Economy
Sender's Reference <b>UT10305530</b>		Analysis Code				<input type="checkbox"/> After Hours
<b>SPECIAL INSTRUCTIONS</b>						
Bill Charges To Account No. <b>027766</b>		Bill To <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>				<input type="checkbox"/> BLNS Customs Tariff
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		<input type="checkbox"/> 1. ONLINE <input type="checkbox"/>  <input type="checkbox"/> 3. EFT <input type="checkbox"/>
Total Parcels <b>1</b>		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) <b>EMMA</b>			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>DISCAR</b>			
Date Received: <b>07 05 18</b>		Time Received: <b>1246</b>		Date Received: <b>04 05 18</b>		
Signature: <b>Habae</b>		Signature:				
Total Mass (Kg)						

POD COPY

Version Control (06/2017)