

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



SUBBD27650803

2 2 2 E E E 2 2 2

SUBHT	1	1	7	4	1	6	9	5
SUBHT	1	1	7	4	1	6	9	6
SUBHT	1	1	7	4	1	6	7	3
SUBHT	1	1	7	4	1	6	7	4
SUBHT	1	1	7	4	1	6	7	1

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <b>LE CREUSET</b>		Company Name <b>Le creuset H.O</b>						<input type="checkbox"/> Same Day	
Street Address <b>CNR KLIPRIVIER DRIVE &amp; SWARTKOPPIES RD- SHOP G062</b>		Street Address <b>Unit 5 Heron Park Olive Grove Business Park Old Paardevlei Road</b>						<input type="checkbox"/> Express	
Suburb <b>ASPEN HILLS</b>		Suburb <b>Somerset West</b>						<input type="checkbox"/> With Sunrise Option	
City / Town <b>JNB</b>	Postal Code <b>2013</b>	City / Town <b>Cape Town</b>				Postal Code <b>8001</b>		<input type="checkbox"/> With Saturday Service	
Contact <b>LULO NONOISE</b>		Contact <b>Carmen</b>						<input type="checkbox"/> Public Holiday Service	
Phone <b>010 500 0223</b>		Phone <b>021 851 7178</b>						<input checked="" type="checkbox"/> Economy	
Destination Country		South Africa <input checked="" type="checkbox"/>		Botswana		Lesotho		Namibia	
Swaziland		Other		(Please Specify)					
Sender's Reference <b>UT 12516213</b>		Analysis Code						<input type="checkbox"/> After Hours	
<b>SPECIAL INSTRUCTIONS</b>									
Bill Charges To Account No. <b>027766</b>		Bill To Sender <input checked="" type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		BLNS Customs Tariff	
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							
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>		<b>HEIGHT (CM)</b>	
<b>6</b>									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>CARMEN</b>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>Andrew</b>				
Date Received: <b>21 05 18</b>		Time Received: <b>1020</b>			Date Received: <b>18 05 18</b>		Time Received: <b>1400</b>		
Signature: <b>CORUPE</b>					Signature: <b>[Signature]</b>				

POD COPY

Version Control (08/2017)

18-05-2018

1. ONLINE

3. EFT

Total Mass (Kg)

