

CONTRACT FOR CARRIAGE / DISPATCH NOTE



2 2 2 E E E 2 2 2



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

SUBBD27650805

Sender's Details

Consignee's Details. Full Street Address Please

Company Name **LE CREUSET**
Street Address **CNR KLIPRIVIER DRIVE & SWARTKOPPIES RD- SHOP G062**
MALL OF THE SOUTH
Suburb **ASPEN HILLS**
City / Town **JNB** Postal Code **2013**
Contact **LULO NONOISE**
Phone **010 500 0223**

Company Name **LE CREUSET H.O**
Street Address **Unit 5, Heron Park**
Olive Grove, Industrial Estate
Old Paardevlei Road
Suburb **Somerset West**
City / Town **Cape Town** Postal Code **77130**
Contact **Jenro**
Phone **021 851 7178**

Destination Country: South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)

Sender's Reference **Whistle Repair** Analysis Code

SPECIAL INSTRUCTIONS

Bill Charges To Account No. **027766** Bill To Sender Consignee Other (Name Please)

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).

[Signature]
SENDER'S AUTHORISED SIGNATURE **18-06-2018**
DATE

e-mail / Fax / Proof of Delivery e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1				

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS Customs Tariff

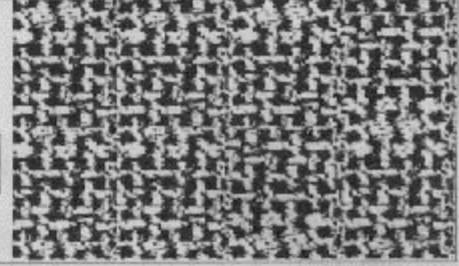
1. ONLINE

3. EFT

Total Mass (Kg)

Goods received in full without damage (unless endorsed)
Name Of Receiver (PLEASE PRINT CLEARLY)
BASIL
Date Received: **200618** Time Received: **10910**
Signature: *[Signature]*

Received By DSV
Name Of Courier (PLEASE PRINT CLEARLY)
[Signature]
Date Received: **180618** Time Received: **1540**
Signature: *[Signature]*



POD COPY

Vendor Control (08/2017)