

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. 2000/015342/07
VAT. No. 4680189685



SUBBD27818148

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 WATERFALL		Company Name: LE CREUSET BEDFORD				<input type="checkbox"/> Same Day	
Street Address: SHOP 101		Street Address: SHOP 101 BEDFORDVIEW				<input type="checkbox"/> Express	
1 AUGRADES AVENUE		CENTRE CNR SMITH AND VAN				<input type="checkbox"/> With Sunrise Option	
CASHAN EXT 12		DER LINDE STREETS				<input type="checkbox"/> With Saturday Service	
Suburb: WATERFALL MA4		Suburb: BEDFORDVIEW				<input checked="" type="checkbox"/> Economy	
City/Town: RUSTENBURG Postal Code: 0200		City/Town: JOHANNESBURG Postal Code: 2008				<input type="checkbox"/> After Hours	
Contact: MANAGER THEPANC		Contact: MANAGER NOLSKA				BLNS Customs Tariff	
Phone: 011 537-2279		Phone: 011 615 1923				<input type="checkbox"/> 1. ONLINE	
Destination Country: South Africa		Lebanon <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/>				<input type="checkbox"/> 3. EFT	
Sender's Reference: PEPPER MILL		Analysis Code				Total Mass (Kg)	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No: 027766		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <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 R250.00 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 Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
1				28		15	
						18	
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY): MILA				Name Of Courier (PLEASE PRINT CLEARLY): Sherika			
Date Received: 030/18		Time Received: 0910		Date Received: 29/12/17		Time Received: 1355	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

POD COPY

Version Control (08/2017)

