

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



SUBBD27826309

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		Company Name Le Creuset						<input type="checkbox"/> Same Day	
Street Address SHOP 6197 V & A WATERFRONT VICTORIA WHARF CENTRE		Street Address Shop 513 upper level Bill Bezuiderhout Road Tiger Valley Center						<input type="checkbox"/> Express	
Suburb		Suburb						<input type="checkbox"/> With Sunrise Option	
City / Town CAPE TOWN Postal Code 8001		City / Town Edville Postal Code 7520		<input type="checkbox"/> With Saturday Service		<input type="checkbox"/> Public Holiday Service			
Contact CINDY		Contact Lize-Marie						<input checked="" type="checkbox"/> Express	
Phone 021 421 8521		Phone 021 981 7053						<input type="checkbox"/> After Hours	
Destination Country		South Africa		Botswana		Lesotho		Namibia	
		Swaziland		Other (Please Specify)				<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference UT I 1443705		Analysis Code						<input type="checkbox"/> 1. ONLINE	
SPECIAL INSTRUCTIONS									
Bill Charges To Account No 027766		Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		<input type="checkbox"/> 3. EFT	
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 Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
1		1 X 5 BOX							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) Leandre					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) OSATHA				
Date Received: 20/03/2018		Time Received: 11:15			Date Received: 19/03/18		Time Received: 14:55		
Signature: <i>LAA</i>					Signature: <i>OS</i>				

POD COPY

Version: 03/2017

19/3/18

SENDER'S AUTHORISED SIGNATURE

DATE

Total Mass (Kg)