

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



SUBBD27863097

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Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name: <b>J Theunissen</b>		Company Name: <b>Le Cleuset SA</b>						<input type="checkbox"/> Same Day	
Street Address: <b>52 Voor trekker St</b>		Street Address: <b>Unit 9 Olive Grove</b>						<input type="checkbox"/> Express	
City/Town: <b>Potterville</b>		City/Town: <b>Industrial Old Paardoulei Rd</b>						<input type="checkbox"/> With Sunrise Option	
Suburb: <b>Potterville</b>		Suburb: <b>Somerset West</b>						<input type="checkbox"/> With Saturday Service	
Postal Code: <b>6810</b>		Postal Code: <b>7130</b>						<input type="checkbox"/> Public Holiday Service	
Contact: <b>074 2177504</b>		Contact: <b>Mary / Yolanda</b>						<input type="checkbox"/> Economy	
Phone: <b>Jennie</b>		Phone: <b>021 8917178</b>						<input type="checkbox"/> After Hours	
Destination Country: <b>South Africa</b>		(Please Specify)						<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference		Analysis Code						<input type="checkbox"/> 1. ONLINE	
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <input type="checkbox"/> Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> 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).									
SENDER'S AUTHORIZED SIGNATURE: _____ DATE: <b>15/2/18</b>									
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									
Goods received in full without damage (unless endorsed)					Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)				
ETU/NO					SANTINI				
Date Received:					Date Received:				
190218					150218				
Time Received:					Time Received:				
0955					1610				
Signature: _____					Signature: _____				

POD COPY

Version Control (08/2017)