

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



SUBBD27985610

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name: <u>Le creuset</u>		Company Name: <u>Le creuset</u>						<input type="checkbox"/> Same Day	
Street Address: <u>SANDTON Shopping Centre Shop 339</u>		Street Address: <u>Units Olive Grove Ind The Interchange</u>						<input checked="" type="checkbox"/> Express	
Suburb: <u>Sandhurst</u>		Suburb: _____						<input type="checkbox"/> With Sunrise Option	
City/Town: <u>STB</u> Postal Code: <u>2196</u>		City/Town: <u>Cape-Town</u> Postal Code: _____						<input type="checkbox"/> With Saturday Service	
Contact: <u>Sarah</u>		Contact: _____						<input type="checkbox"/> Public Holiday Service	
Phone: <u>(011) 784-0301</u>		Phone: _____						<input type="checkbox"/> Economy	
Destination Country: <u>South Africa</u>		Other: _____ (Please Specify)						<input type="checkbox"/> After Hours	
Sender's Reference: _____		Analysis Code: _____						<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. <u>027766</u>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE <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 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		Fly		_____		_____		_____	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>LISA</u>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>Crawc</u>				
Date Received: <u>070318</u>					Date Received: <u>050318</u>				
Time Received: <u>1000</u>					Time Received: <u>1610</u>				
Signature: <u>Jalbeer</u>					Signature: _____				
Total Mass (Kg) _____									

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Version Control (08/2017)