

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

SUBBD28186115


Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required
Company Name <u>le Creuset - Centurion</u>		Company Name <u>le Creuset</u>					<input type="checkbox"/> Same Day
Street Address <u>Shop 312 E; Centurion Mall Heurvel Ave 3 Gordon hood road.</u>		Street Address <u>Unit 1; Helon Park Olive Grove Industrial Estate Old Paardevel road.</u>					<input type="checkbox"/> Express
Suburb <u>Centurion</u>		Suburb <u>Somerset-West</u>					<input type="checkbox"/> With Sunrise Option
City / Town <u>Pretoria</u> Postal Code <u>0157</u>		City / Town <u>Cape Town</u> Postal Code <u>8001</u>					<input type="checkbox"/> With Saturday Service
Contact <u>Eureka</u>		Contact <u>Vicky</u>					<input type="checkbox"/> Public Holiday Service
Phone <u>012 004 0217</u>		Phone <u>021 851 7178</u>					<input type="checkbox"/> Economy
Destination Country		<input type="checkbox"/> South Africa	<input type="checkbox"/> Botswana	<input type="checkbox"/> Lesotho	<input type="checkbox"/> Namibia	<input type="checkbox"/> Swaziland	<input type="checkbox"/> Other (Please Specify)
Sender's Reference <u>BANKING FILE - UTI 305853</u>		Analysis Code					<input type="checkbox"/> BLNS Customs Tariff
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <u>027766</u>		Bill To <input type="checkbox"/> Sender		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).							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number					<input type="checkbox"/> 1. ONLINE
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	<input type="checkbox"/> 3. EFT	
<u>1</u>		<u>Flyer</u>					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>J BENAPE</u>			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>Eureka</u>				
Date Received: <u>050718</u>		Time Received: <u>0852</u>		Date Received: <u>050718</u>			
				Time Received: <u>1620</u>			
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>					

POD COPY

Version Control (09/2017)