

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

SUBBD28186116


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 317 E ; Centurion Mall</u> <u>Heunel Ave 3, Gordon Hood rd.</u>		Street Address: <u>Unit 1, Heron Park</u> <u>Olive Grove Industrial Estate</u> <u>Old Paardevlei 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>Jenna</u>					<input type="checkbox"/> Public Holiday Service	
Phone: <u>012 004 0717</u>		Phone: <u>021 851 7178</u>					<input type="checkbox"/> Economy	
Destination Country: <u>South Africa</u>		Other (Please Specify)					<input type="checkbox"/> After Hours	
Sender's Reference: <u>DAM 3 REPLACEMENTS</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 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 R200.00 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)		
<u>1</u>		<u>Box</u>						
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>BASIL</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>DALE</u>				
Date Received: <u>050618</u>		Time Received: <u>0820</u>		Date Received: <u>030718</u>		Time Received: <u>1620</u>		
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>				

1. ONLINE

3. EFT

Total Mass (Kg)

POD COPY

Version Control (08/2017)