

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd  
 1/a DSV Distribution  
 PO Box 63, The Reefs 0051  
 Tel (012) 673-2000  
 Reg. No. 2000/016342/07  
 VAT No. 4690169635



SUBBD28212323

2 2 2 E E E 2 2 2


Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>LE CREUSET BRYANSTON</b>		Company Name <b>LE CREUSET CRESTA</b>				<input type="checkbox"/> Same Day	
Street Address <b>SHOP G1 CNR HOBART &amp; GROSVENOR ROADS</b>		Street Address <b>SHOP 444 CRESTA SHOPPING CENTRE BEYERS NAUDE DRIVE CRESTA</b>				<input type="checkbox"/> Express	
Suburb <b>BRYANSTON</b>		Suburb <b>CRESTA</b>				<input type="checkbox"/> With Sunrise Option	
City/Town <b>JNB</b> Postal Code <b>2021</b>		City/Town <b>JOHANNESBURG</b> Postal Code <b>2021</b>				<input type="checkbox"/> With Saturday Service	
Contact <b>SEVARIAN</b>		Contact <b>SISA</b>				<input type="checkbox"/> Public Holiday Service	
Phone <b>011 568 4708</b>		Phone <b>011 476 6010</b>				<input checked="" type="checkbox"/> Economy	
Destination Country <input checked="" 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)						<input type="checkbox"/> After Hours	
Sender's Reference		Analysis Code				BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <b>027766</b>		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)				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).							
				<i>[Signature]</i>		12/7/2018	
				SENDER'S AUTHORIZED SIGNATURE		DATE	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number							
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>	
1							
<b>Goods received in full without damage (unless endorsed)</b>				<b>Received By DSV</b>			
Name Of Receiver (PLEASE PRINT CLEARLY) <b>NOMBUCELO</b>				Name Of Courier (PLEASE PRINT CLEARLY) <b>SISA</b>			
Date Received: <b>130718</b>		Time Received: <b>1137</b>		Date Received: <b>120718</b>		Time Received: <b>1630</b>	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

FOD COPY

Version Control (08/03/17)

