

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



SUBBD28212326

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required		
Company Name: LE CREUSET BRYANSTON		Company Name: LE CREUSET GATEWAY				<input checked="" type="checkbox"/> Same Day		
Street Address: SHOP G1 CNR HOBART & GROSVENOR ROADS		Street Address: Gateway THEATER OF SHOPPING Shop G1 SS, No 1 Palm Boulevard New Town Center				<input type="checkbox"/> Express		
Suburb: BRYANSTON		Suburb: Umhlanga				<input type="checkbox"/> With Sunrise Option		
City / Town: JNB	Postal Code: 2021	City / Town: DURBAN	Postal Code: 4320			<input type="checkbox"/> With Saturday Service		
Contact: SEVARIAN		Contact: Cassandra				<input type="checkbox"/> Public Holiday Service		
Phone: 011 568 4708		Phone: 031 100 1239				<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: UT14240561		Analysis Code: _____				<input type="checkbox"/> BLNS Customs Tariff		
SPECIAL INSTRUCTIONS								
Bill Charges To Account No: 027766		Bill To: <input checked="" type="checkbox"/> Sender		Consignee: <input type="checkbox"/>		Other: <input type="checkbox"/> (Name Please)		
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 _____				
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	<input type="checkbox"/> 1. ONLINE		
[]		_____	_____	_____	_____	<input type="checkbox"/> 3. EFT		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) SANDRA				Received By DSV Name Of Carrier (PLEASE PRINT CLEARLY) [Signature]				
Date Received: 16 09 18		Time Received: 11 49		Date Received: 16 09 18		Time Received: 17 03		
Signature: [Signature]				Signature: [Signature]				

POD COPY

Version Control: 03/2017