

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



SUBBD28212327

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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 Headoffice</b>				<input type="checkbox"/> Same Day
Street Address <b>SHOP G1 CNR HOBART &amp; GROSVENOR ROADS</b>		Street Address <b>unit 5 Heron Park Olive Circle Business park The Interchange Somerset west</b>				<input checked="" type="checkbox"/> Express
Suburb <b>BRYANSTON</b>		Suburb <b>Somerset west</b>				<input type="checkbox"/> With Sunrise Option
City / Town <b>JNB</b>	Postal Code <b>2021</b>	City / Town <b>capetown</b>	Postal Code			<input type="checkbox"/> With Saturday Service
Contact <b>SEVARIAN</b>		Contact <b>LISA</b>				<input type="checkbox"/> Public Holiday Service
Phone <b>011 568 4708</b>		Phone <b>021 851 7178</b>				<input type="checkbox"/> Economy
Destination Country <input checked="" type="checkbox"/> South Africa		Swaziland <input type="checkbox"/> Other (Please Specify)				<input type="checkbox"/> After Hours
Sender's Reference <b>Lerate Contract</b>		Analysis Code				BLNS Customs Tariff
SPECIAL INSTRUCTIONS <b>UTU240541</b>						
Bill Charges To Account No. <b>027766</b>	Bill To <input checked="" 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				3. EFT <input type="checkbox"/>
Total Parcels <b>1</b>		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)
Goods received in full without damage (unless endorsed)		Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY) <b>LISA</b>		Name Of Courier (PLEASE PRINT CLEARLY) <b>Mph</b>				
Date Received: <b>160818</b>		Time Received: <b>9H44</b>		Date Received: <b>150818</b>		
Signature: <b>L. DE BEER</b>		Signature: <b>MS</b>				

POD COPY

Version Control (08/2017)