

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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DSV Read (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel: (012) 673-2000
Reg. No. 2000/016342/07
VAT No. 4380189685



SUBBD28212342

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name: LE CREUSET BRYANSTON		Company Name: <i>Le creuset</i>				<input type="checkbox"/> Same Day
Street Address: SHOP G1 CNR HOBART & GROSVENOR ROADS		Street Address: <i>Brooklyn mall Shop 318 C/o veale and waterkloof rd's</i>				<input type="checkbox"/> Express
Suburb: BRYANSTON		Suburb: <i>Brooklyn</i>				<input type="checkbox"/> With Sunrise Option
City / Town: JNB	Postal Code: 2021	City / Town: PTA	Postal Code: 1808			<input type="checkbox"/> With Saturday Service
Contact: SEVARIAN		Contact:				<input type="checkbox"/> Public Holiday Service
Phone: 011 568 4708		Phone: <i>012 346 2840</i>				<input 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				<input type="checkbox"/> BLNS Customs Tariff
SPECIAL INSTRUCTIONS						<input type="checkbox"/> 1. ONLINE
Bill Charges To Account No. 027766	Bill To Sender <input checked="" type="checkbox"/>	Consignee <input type="checkbox"/>	Other (Name Please) <input type="checkbox"/>			<input type="checkbox"/> 3. EFT
If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.						Total Mass (Kg)
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, 14.8 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)		
1						
Goods received in full without damage (unless endorsed)			Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY) Anusk9			Name Of Courier (PLEASE PRINT CLEARLY) <i>(Signature)</i>			
Date Received: 180718			Date Received: 170718			
Time Received: 1526			Time Received: 1600			
Signature: <i>(Signature)</i>			Signature: <i>(Signature)</i>			

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