

CONTRACT FOR CARRIAGE / DISPATCH NOTE



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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

SUBBD28212371

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required
Company Name LE CREUSET BRYANSTON		Company Name Le Creuset head office						<input type="checkbox"/> Same Day
Street Address SHOP G1 CNR HOBART & GROSVENOR ROADS		Street Address Unit 5 HEKON PARK Olive Grove Business Park The interchange						<input type="checkbox"/> Express
Suburb BRYANSTON		Suburb Gonzales West						<input type="checkbox"/> With Sunrise Option
City/Town JNB	Postal Code 2021	City/Town Cape town		Postal Code				<input type="checkbox"/> With Saturday Service
Contact SEVARIAN		Contact MARY						<input type="checkbox"/> Public Holiday Service
Phone 011 568 4708		Phone 011 851 7178						<input checked="" type="checkbox"/> Economical
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								
Bill Charges To Account No 027766	Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)	If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.						<input type="checkbox"/> 1. ONLINE
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						SEVARIAN 31/07/2018		
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)		
1								
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) MARY				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) MARY				
Date Received: 020818		Time Received: 1037		Date Received: 310718		Time Received: 15:24		
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>				

POD COPY

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