

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



SUBBD28386035

S	U	B	H	T	0	4	8	5	5	0	8	9
S	U	B	H	T	0	4	8	5	5	0	9	0
TRACKING												
NUMBERS												

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET LA LUCIA				Company Name LE CREUSET HQ				<input type="checkbox"/> Same Day	
Street Address SHOP 03, 90 WILLIAM CAMPBELL LA LUCIA MALL				Street Address UNIT 5 HERON PARK OLIVE GROVE INDUSTRIAL ESTATE				<input type="checkbox"/> Express	
Suburb DURBAN NORTH				Suburb SOMERSET WEST				<input type="checkbox"/> With Sunrise Option	
City / Town DUR		Postal Code 4000		City / Town CAPE TOWN		Postal Code 7150		<input type="checkbox"/> With Saturday Service	
Contact 0315725045				Contact ATT: MITCHELL ONLINE				<input type="checkbox"/> Public Holiday Service	
Phone 0315725045				Phone 021 851 7178				<input checked="" type="checkbox"/> Economy	
Destination Country		South Africa		Lesotho		Namibia		<input type="checkbox"/> After Hours	
		Botswana		Swaziland		Other (Please Specify)		<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference UTIS600065				Analysis Code				<input type="checkbox"/> 1. ONLINE	
SPECIAL INSTRUCTIONS									
Tarrif Code 027766		Bill To <input type="checkbox"/> Sender		Consignee <input checked="" type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		<input type="checkbox"/> 3. EFT	
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 1000.00 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)									
				SENDER'S AUTHORISED SIGNATURE				DATE 21/11/18	
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)	
03		03 Boxes							
Goods received in full without damage (unless endorsed)					Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY) MITCHELL					Name Of Courier (PLEASE PRINT CLEARLY) Corvel				
Date Received: 23 1 1 18		Time Received: 10 40			Date Received: 21 11 18		Time Received: 15 00		
Signature:					Signature:				

POD COPY

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