

**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



SUBBD28386048

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ADDITIONAL  
TRACKING  
NUMBERS

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required
Company Name: <b>LE CREUSET LA LUCIA</b>		Company Name: <b>LE CREUSET OPT</b>					<input type="checkbox"/> Same Day
Street Address: <b>SHOP 03, 90 WILLIAM CAMPBELL LA LUCIA MALL DURBAN NORTH</b>		Street Address: <b>UNIT 01, HERON PARK OUVRE GROVE IND ESTATE OLD PARDEUIE ROAD SOMERSET WEST</b>					<input type="checkbox"/> Express
Suburb: _____		Suburb: _____					<input type="checkbox"/> With Sunrise Option
City / Town: <b>DUR</b>	Postal Code: <b>4000</b>	City / Town: <b>CAPE TOWN</b>					<input type="checkbox"/> With Saturday Service
Contact: _____		Contact: <b>SEVICKY</b>					<input type="checkbox"/> Public Holiday Service
Phone: <b>031 5725045</b>		Phone: <b>021 251 7170</b>					<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: <b>UTI 5756674</b>		Analysis Code: _____					<input type="checkbox"/> BLNS Customs Tariff
SPECIAL INSTRUCTIONS Bill To <input 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.							
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)							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number _____					<input type="checkbox"/> 1. ONLINE  <input type="checkbox"/> 3. EFT
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>	<b>LENGTH (CM)</b>	<b>WIDTH (CM)</b>	<b>HEIGHT (CM)</b>	<b>Total Mass (Kg)</b>	
1		F14 ER					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>Cerisa</b>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>GERALD</b>		QR CODE	
Date Received: <b>04/2/18</b>		Time Received: <b>10:00 AM</b>		Date Received: <b>03/2/18</b>			
Signature: <b>CAVenter</b>		Signature: _____		Time Received: <b>14:45</b>			
Version Control: (01/2018)							