

CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



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



SUBBD28386058

ADDITIONAL 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 GATEWAY				<input type="checkbox"/> Same Day	
Street Address SHOPO3, 90 WILLIAM CARROLL LA LUCIA MALL DURBAN NORTH		Street Address SHOP G 138 GATEWAY THEATER OF SHOPPING 1 PALM BOULEVARD UMHLANGA				<input type="checkbox"/> Express	
Suburb DUR Postal Code 4000		Suburb DURBAN Postal Code 4321				<input type="checkbox"/> With Sunrise Option	
City/Town DUR Postal Code 4000		City/Town DURBAN Postal Code 4321				<input type="checkbox"/> With Saturday Service	
Contact 0315725045		Contact CASSANDRA				<input type="checkbox"/> Public Holiday Service	
Phone 0315725045		Phone 031-1001239				<input checked="" 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)		Analysis Code				<input type="checkbox"/> After Hours	
Sender's Reference UT 16108296		Analysis Code				<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS FRAGILE							
Tariff Code 027766		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>		If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.		<input type="checkbox"/> 1. ONLINE <input type="checkbox"/>	
<p>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)</p>							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		10/01/2019		10/01/2019	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
HEIGHT (CM)		DATE		Total Mass (Kg)			
1		BOX					
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
Sthembele				DSV			
Date Received:		Time Received:		Date Received:		Time Received:	
11/01/19		1300		10/01/19		1200	
Signature: Jayed				Signature:			

POD COPY

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