

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



SUBBD28386217

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 Ballito Junction				<input type="checkbox"/> Same Day	
Street Address SHOPO3, 90 WILLIAM CARPHELL LA LUCIA MALL DURBAN NORTH		Street Address Shop 244, Leonard Drive, Ballito, Dolphin Coast				<input type="checkbox"/> Express	
Suburb		Suburb				<input type="checkbox"/> With Sunrise Option	
City / Town DUR Postal Code 4000		City / Town Postal Code 4399				<input type="checkbox"/> With Saturday Service	
Contact 0315725045		Contact ATT: Somtha 032-004 0138				<input type="checkbox"/> Public Holiday Service	
Phone		Phone				<input checked="" type="checkbox"/> Economy	
Destination Country		Destination Country				<input type="checkbox"/> After Hours	
South Africa <input checked="" type="checkbox"/> Botswana		Lesotho				Nambia	
		Swaziland				Other (Please Specify)	
Sender's Reference UTI 4177869		Analysis Code				BLNS Customs Tariff	
SPECIAL INSTRUCTIONS							
Tariff Code 027766		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>		1. ONLINE <input type="checkbox"/>	
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					
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
1		1		BOX			
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY) SASHA				Name Of Courier (PLEASE PRINT CLEARLY) MATIAS			
Date Received: 030818		Time Received: 1347		Date Received: 030818		Time Received: 1300	
Signature:				Signature:			

Total Mass (Kg)

POD COPY

Version Correct (01/2018)