

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



SUBBD28386257

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET LA LUCIA				Company Name LE CREUSET CAPE TOWN				<input type="checkbox"/> Same Day	
Street Address SHOPO3, 90 WILLIAM CAMPBELL LA LUCIA MALL				Street Address UNIT 01, HERON DRIVE OLIVE GROVE IND 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 8000		<input type="checkbox"/> With Saturday Service	
Contact 0315725045				Contact CARMEN				<input type="checkbox"/> Public Holiday Service	
Phone 0315725045				Phone 021 851 7178				<input checked="" type="checkbox"/> Economy	
Destination Country		South Africa <input checked="" type="checkbox"/>		Botswana		Lesotho		Namibia	
Swaziland		Other (Please Specify)							
Sender's Reference UTI4570510				Analysis Code					
SPECIAL INSTRUCTIONS									
Tarrif Code 027766		Bill To Sender <input type="checkbox"/>		Consignee <input checked="" type="checkbox"/>		Other (Name Please) <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)		HEIGHT(CM)	
01		01 BOX							
Goods received in full without damage (unless endorsed)					Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)				
CARMEN					Gerald				
Date Received:			Time Received:		Date Received:			Time Received:	
100918			1150		070918			1440	
Signature: [Signature]					Signature: [Signature]				

BLNS Customs Tariff	
1. ONLINE	<input type="checkbox"/>
3. EFT	<input type="checkbox"/>
Total Mass (Kg)	

POD COPY

Version Control (01/2018)

