

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



SUBBD28484127

ADDITIONAL
TRACKING
NUMBERS

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name: <u>Le Creuset</u>		Company Name: <u>Le Creuset</u>						<input type="checkbox"/> Same Day	
Street Address: <u>Shop 12, January Masitela Amaranth drive</u>		Street Address: <u>Shop 2040 Mail of Africa Cnr Allandale & Ben Schoeman highway</u>						<input type="checkbox"/> Express	
Suburb: <u>Waterkloof ext. 2</u>		Suburb: <u>Waterfall estate</u>						<input type="checkbox"/> With Sunrise Option	
City/Town: <u>Petraria</u> Postal Code: <u>0181</u>		City/Town: <u>Johannesburg</u> Postal Code: <u>1682</u>						<input type="checkbox"/> With Saturday Service	
Contact: <u>012 004 0082</u>		Contact: <u>015 568 2097</u>						<input type="checkbox"/> Public Holiday Service	
Phone: <u>012 004 0082</u>		Phone: <u>015 568 2097</u>						<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		Analysis Code						BLNS Customs Tariff	
SPECIAL INSTRUCTIONS Tariff Code: <u>027769</u> 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.									
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)	
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)				
<u>IShidi</u>					<u>Huan</u>				
Date Received:					Date Received:				
<u>060818</u>					<u>080818</u>				
Time Received:					Time Received:				
<u>1800</u>					<u>1840</u>				
Signature: <u>[Signature]</u>					Signature: <u>[Signature]</u>				

- 1. ONLINE
- 3. EFT

Total Mass (Kg)

POD COPY

Version Control (01/2018)

