

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



SUBBD28699611

SUBHT13035415
SUBHT13035416
SUBHT13035417
NUMBERS

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please						
Company Name	LE CREUSET SA	Company Name	LE CREUSET					
Street Address	SHOP 105 GARDEN ROUTE MALL CNR N2 & KMOUSA ROAD	Street Address	UNIT 5 HERON PARK, OLIVE GROVE BUSINESS PARK, 1 OLIFANTSWATER ROAD					
Suburb	GEORGE	Suburb	SOMERSET					
City / Town	GEORGE	City / Town	CPT					
Postal Code	6529	Postal Code	7130					
Contact	ELZANNE	Contact	ONLINE - MARK					
Phone	044 604 0112	Phone	021 851 7178					
Destination Country	South Africa	Lesotho	Namibia	Swaziland	Other (Please Specify)			

Mark Service Required
Same Day
Express
With Sunrise Option
With Saturday Service
Public Holiday Service
Economy
After Hours
BLNS Customs Tariff

Sender's Reference: **WTI4490229** Analysis Code: _____

SPECIAL INSTRUCTIONS

Tariff Code: **027766** Bill To Sender Consignee 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)

SENDER'S AUTHORIZED SIGNATURE: _____ DATE: **03/09/2018**

1. ONLINE

3. EFT

e-mail / Fax / Proof of Delivery e-mail Address / Fax Number _____

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
4	4x Boxes			

Total Mass (Kg)

Goods received in full without damage (unless endorsed)
Name Of Receiver (PLEASE PRINT CLEARLY)
N A A I L A H

Date Received: **04 09 18** Time Received: **1 00 5**

Signature: _____

Received By DSV
Name Of Courier (PLEASE PRINT CLEARLY)
CUFAO

Date Received: _____ Time Received: _____

Signature: _____

