

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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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



SUBBD28943216


POD COPY

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required
Company Name..... <b>LE CREUSET BALLITO JUNCTION</b>		Company Name..... <b>LE CREUSET</b>					<input type="checkbox"/> Same Day
Street Address..... <b>SHOP 244 LEONORA DRIVE BALLITO DOLPHIN COAST</b>		Street Address..... <b>Unit 1, Heron Park Olive Grove Ind. Estate</b>					<input type="checkbox"/> Express
Suburb..... <b>DURBAN</b>		Suburb..... <b>Cape Town</b>					<input type="checkbox"/> With Sunrise Option
City / Town <input type="text" value="DUR"/> Postal Code..... <b>4399</b>	City / Town <input type="text" value="CAPE TOWN (CPT)"/> Postal Code..... <b>8000</b>				<input type="checkbox"/> With Saturday Service		
Contact..... <b>SONITHA</b>	Contact..... <b>ATT: JENNA</b>					<input type="checkbox"/> Public Holiday Service	
Phone..... <b>032 0040138</b>	Phone..... <b>021 8517178</b>					<input checked="" type="checkbox"/> Economy	
Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)	<input type="checkbox"/> After Hours
Sender's Reference <b>UTI 4257318</b>		Analysis Code					<input type="checkbox"/> BLNS Customs Tariff
SPECIAL INSTRUCTIONS							
Tariff Code <input type="text" value="027766"/>	Bill To <input type="checkbox"/> Sender	Consignee <input type="checkbox"/>	Other (Name Please) <input type="checkbox"/>				<input type="checkbox"/> 1. ONLINE
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)							
					<b>16/08/18</b>		
SENDER'S AUTHORISED SIGNATURE					DATE		
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)	Total Mass (Kg)		
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="X"/>	<input type="text" value="Box"/>	<input type="text" value=""/>			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>RASIL</b>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>MUSA</b>			
Date Received: <b>200818</b>		Time Received: <b>0930</b>		Date Received: <b>160818</b>		Time Received: <b>1549</b>	
Signature:				Signature:			

Version Control (01/2018)