

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



SUBBD28989310

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Le creuset</u>				Company Name <u>Le creuset warehouse.</u>				<input type="checkbox"/> Same Day	
Street Address <u>1 Palm Boulevard, New town center</u>				Street Address <u>Unit 1 Heron Park olive Grove Industrial Estate old Paardevlei</u>				<input checked="" type="checkbox"/> Express With Sunrise Option	
Suburb <u>Umhlanga Ridge</u>				Suburb <u>Somerset west</u>				<input type="checkbox"/> With Saturday Service	
City / Town <u>Durban</u>		Postal Code <u>4321</u>		City / Town <u>CAPE TOWN</u>		Postal Code <u>7072</u>		<input checked="" type="checkbox"/> Public Holiday Service	
Contact <u>CASSANDRA</u>				Contact <u>Franci</u>				<input type="checkbox"/> Economy	
Phone <u>031 100 1239</u>				Phone <u>0218 517 178</u>				<input type="checkbox"/> After Hours	
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)		Analysis Code				<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference <u>UT I 247 1581</u>								1. ONLINE <input type="checkbox"/>	
SPECIAL INSTRUCTIONS									
Tarrif Code				<input type="checkbox"/> Bill To Sender		<input type="checkbox"/> Consignee		<input type="checkbox"/> 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)									
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) Name Of Receiver (PLEASE PRINT CLEARLY) <u>BIASIL</u>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>MXOLISI</u>				
Date Received: <u>200818</u>					Date Received: <u>170818</u>				
Time Received: <u>0930</u>					Time Received: <u>1500</u>				
Signature:					Signature:				

POD COPY

Version Control (01/2018)

Total Mass (Kg)

