

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



SUBBD28989385


ADDITIONAL TRACKING NUMBERS

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <u>Le Cruiset Gateway</u>		Company Name <u>Le Cruiset Head office Warehouse</u>						<input type="checkbox"/>	
Street Address <u>Shop G158 Gateway Theatre of Shopping, 1 Palm Boulevard Umhlanga Ridge</u>		Street Address <u>Unit 5, Heron Park Olive Grove industrial est. Old paardewei road</u>						<input type="checkbox"/>	
Suburb <u>Umhlanga</u>		Suburb <u>Somerset West</u>						<input type="checkbox"/>	
City/Town <u>Durban</u> Postal Code <u>4300</u>		City/Town <u>Cape Town</u> Postal Code <u>8001</u>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Contact <u>Cassandra</u>		Contact <u>Mary (online)</u>						<input type="checkbox"/>	
Phone <u>0131001239</u>		Phone <u>0218517178</u>						<input checked="" type="checkbox"/>	
Destination Country		South Africa		Botswana		Lesotho		Namibia	
								Swaziland	
								Other (Please Specify)	
Sender's Reference <u>UTISI143339</u>		Analysis Code							
<b>SPECIAL INSTRUCTIONS</b>									
Tariff Code		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.	
<p><small>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)</small></p>									
e-mail / Fax / Proof of Delivery <input type="checkbox"/>						e-mail Address / Fax Number			
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>		<b>HEIGHT (CM)</b>	
<u>1</u>		<u>BOX</u>							
<b>Goods received in full without damage (unless endorsed)</b>					<b>Received By DSV</b>				
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)				
<u>NAA, LAP</u>					<u>MXOLISI</u>				
Date Received:			Time Received:		Date Received:			Time Received:	
<u>22/10/18</u>			<u>1253</u>		<u>19/10/18</u>			<u>1700</u>	
Signature:					Signature:				

POD COPY

<input type="checkbox"/>	Mark Service Required
<input type="checkbox"/>	Same Day
<input type="checkbox"/>	Express
<input type="checkbox"/>	With Sunrise Option
<input type="checkbox"/>	With Saturday Service
<input type="checkbox"/>	Public Holiday Service
<input checked="" type="checkbox"/>	Economy
<input type="checkbox"/>	After Hours
<input type="checkbox"/>	BLNS Customs Tariff
<input type="checkbox"/>	1. ONLINE
<input type="checkbox"/>	3. EFT

Total Mass (Kg)

