

TRACT 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



SUBBD29245166


<b>Sender's Details</b>				<b>Consignee's Details. Full Street Address Please</b>			
Company Name: <u>de creuset waterecoet</u>				Company Name: <u>Le creuset Pavilion</u>			
Street Address: <u>Shop ug 04</u> <u>Inanda road</u>				Street Address: <u>Shop ug 262</u> <u>Jack maarteens drive</u>			
Suburb: <u>waterfall</u>				Suburb: <u>westville</u>			
City / Town: <u>Durban</u>		Postal Code: <u>3652</u>		City / Town: <u>Durban</u>		Postal Code: <u>3629</u>	
Contact: <u>Supesanda</u>				Contact: <u>A.T. sha</u>			
Phone: <u>031 763 1525</u>				Phone: <u>031 265 2485</u>			

<b>Mark Service Required</b>
<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 type="checkbox"/> Economy
<input type="checkbox"/> After Hours

BLNS Customs Tariff
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1. ONLINE <input type="checkbox"/>
3. EFT <input type="checkbox"/>

Total Mass (Kg)

Destination Country: South Africa, Botswana, Lesotho, Namibia, Swaziland, Other (Please Specify)

Sender's Reference: COUER      Analysis Code:     

**SPECIAL INSTRUCTIONS**

Tarif Code:      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)

(Signature)      DATE: 14/12/18

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)
<u>1</u>	<u>Tube</u>			

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY): T R I S I N A

Date Received: 18/10/18      Time Received: 11:09

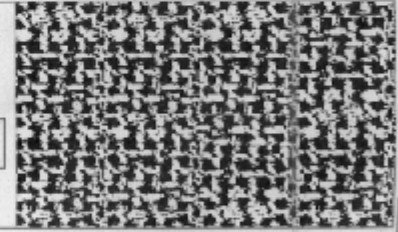
Signature: (Signature)

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY): SNA

Date Received: 19/12/18      Time Received: 18:06

Signature: (Signature)



POD COPY

Version Control (01/2018)