

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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DSV Road (Pty) Ltd  
 1/a DSV Distribution  
 PO Box 63, The Reeds 0061  
 Tel (012) 673-2000  
 Reg. No. 2000/016342/07  
 VAT. No. 4880189685



SUBBD29418168

ADDITIONAL
TRACKING
NUMBERS

POD COPY

<b>Sender's Details</b> Company Name: <u>LE CREUSET JHB</u> Street Address: <u>UNIT 4, EASTGATE BUSINESS PARK, CNR MARLBOROUGH &amp; SOUTH ED</u> Suburb: <u>SANDTON</u> City / Town: <u>JHB</u> Postal Code: _____ Contact: <u>DAVID</u> Phone: <u>0735052470</u>		<b>Consignee's Details. Full Street Address Please</b> Company Name: <u>BAY TREE HOME &amp; DECOR</u> Street Address: <u>SHOP 61, SOUTH COAST MALL IZOTSHA RD</u> Suburb: <u>SITELLY BEACH</u> City / Town: <u>KZN</u> Postal Code: _____ Contact: _____ Phone: <u>039 315 0015</u>				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 BLNS Customs Tariff
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)	Sender's Reference: <u>STOCK</u> Analysis Code: _____					
<b>SPECIAL INSTRUCTIONS</b> <u>FRAGILE</u>						
Tariff Code: _____ Bill To: <input type="checkbox"/> 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.	SENDER'S AUTHORISED SIGNATURE: <u>David</u> DATE: <u>18/12/2018</u>		1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/>			
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 _____						
<b>Total Parcels</b> <input type="text" value="1"/>	NO. OF PARCELS PER DIMENSIONS <u>box</u>	LENGTH (CM) <u>60</u>	WIDTH (CM) <u>31</u>	HEIGHT (CM) <u>34</u>	Total Mass (Kg) <u>15</u>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>MAGNETH</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>HILBERT</u>				
Date Received: <u>24/12/18</u>		Time Received: <u>7:20</u>		Date Received: <u>18/12/18</u>		
Signature: _____		Signature: <u>8</u>				

Version Control (01/2018)