

CONTRACT FOR CARRIAGE / DISPATCH NOTE



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. 4860189685



SUBBD29754876

7 7 7 C C C 7 7 7

COUNTS COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>LE CREUSET WATERFALL</u>		Company Name <u>LE CREUSET GAUTENG WAREHOUSE</u>				<input type="checkbox"/> Same Day	
Street Address <u>SHOP 101</u>		Street Address <u>4 EAST GATE BUSINESS</u>				<input checked="" type="checkbox"/> Express	
<u>1 AUGRABES AVENUE</u>		<u>PARK, CNR SOUTH RD &</u>				<input type="checkbox"/> With Sunrise Option	
<u>CASHAN EXT 12</u>		<u>MARLBORO DRIVE</u>				<input type="checkbox"/> With Saturday Service	
Suburb <u>WATERFALL MALL</u>		Suburb <u>SANDTON</u>				<input type="checkbox"/> Public Holiday Service	
City/Town <u>ROSEBURGH</u> Postal Code <u>2099</u>		City/Town <u>JOHANNESBURG</u> Postal Code <u>2001</u>				<input type="checkbox"/> Economy	
Contact <u>MANAGER LERATO</u>		Contact <u>DUANE DAVIDS</u>				<input type="checkbox"/> After Hours	
Phone <u>014 537-2279</u>		Phone <u>021 851 7178</u>				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country <input 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>KALD COMPETITION ENTER</u>		Analysis Code					
SPECIAL INSTRUCTIONS							
Tariff Code <u>027766</u>		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>					
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		 <u>01/11/2018</u> SENDER'S AUTHORISED SIGNATURE DATE			
Total Parcels <u>1</u>		NO. OF PARCELS PER DIMENSIONS <u>1</u>		LENGTH (CM) <u>30</u>		WIDTH (CM) <u>20</u>	
						HEIGHT (CM) <u>1</u>	
Goods received in full without damage (unless endorsed)		Received By DSV				Depot Hand In	
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)				Liability: Value For Loss or Damage	
		<u>105090</u>				<input type="checkbox"/> R	
Date Received:		Time Received:		Date Received:		Time Received:	
<u>D D M M Y Y</u>		<u>H H M M</u>		<u>01 11 18</u>		<u>14 55</u>	
Signature:		Signature: 				Liability: (Costs Incidental) To Loss, Damage Or Delay	
						<input type="checkbox"/> R	

Total Mass (Kg)

1