

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. 4880189685



SUBBD28616769

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POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>LE CREUSET</b>		Company Name <b>LE CREUSET CPT</b>				<input type="checkbox"/> Same Day	
Street Address <b>SHOP UL262 PAVILION SHOPPING CENTRE WESTVILLE</b>		Street Address <b>UNIT 5 HERON PARK OLIVE GROVE ESTATE</b>				<input type="checkbox"/> Express	
Suburb		Suburb <b>SOMERSET WEST</b>				<input type="checkbox"/> With Sunrise Option	
City / Town <b>DUR</b>	Postal Code <b>4000</b>	City / Town <b>SOMERSET WEST (SSM)</b>	Postal Code <b>8000</b>			<input type="checkbox"/> With Saturday Service	
Contact <b>TRIGINA LAFIHA</b>		Contact <b>JENNY FRANKI</b>				<input type="checkbox"/> Public Holiday Service	
Phone <b>031-2658455</b>		Phone <b>021 851 7178</b>				<input checked="" type="checkbox"/> Economy	
Destination Country		Destination Country				After Hours	
South Africa <input checked="" type="checkbox"/> Botswana		Lesotho Namibia Swaziland Other (Please Specify)				BLNS Customs Tariff	
Sender's Reference		Analysis Code				1. ONLINE <input type="checkbox"/>	
SPECIAL INSTRUCTIONS <b>DAMAGES / REPLACEMENTS</b>						3. EFT <input type="checkbox"/>	
Tariff Code <b>027766</b>		Bill To <input type="checkbox"/> Consignee <input checked="" type="checkbox"/> Other (Name Please) <input type="checkbox"/>				Total Mass (Kg)	
		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)		SENDER'S AUTHORISED SIGNATURE				DATE <b>15/01/2019</b>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number					
Total Parcels <b>1</b>		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
						HEIGHT (CM)	
		<b>1 X BOX</b>					
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY) <b>ASIL</b>				Name Of Courier (PLEASE PRINT CLEARLY) <b>AARON</b>			
Date Received: <b>180119</b>				Date Received: <b>160119</b>			
Time Received: <b>0910</b>				Time Received: <b>1614</b>			
Signature:				Signature:			

