

# 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



SUBBD28386089

2 2 2 E E E 2 2 2

SUBBD04855099									
ADDITIONAL									
TRACKING									
NUMBERS									

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name <b>LE CREUSET LA LUCIA</b>	Company Name <b>LE CREUSET PAVILION</b>	Street Address <b>SHOPUL 262</b>	Street Address <b>PAVILION SHOPPING CENTER</b>
Street Address <b>LA LUCIA HALL</b>	Street Address <b>JACK MARTINS DRIVE</b>	Suburb <b>WESTVILLE</b>	Suburb <b>DURBAN</b>
Suburb <b>DURBAN NORTH</b>	City / Town <b>DURBAN</b>	Postal Code <b>4000</b>	Postal Code <b>3929</b>
Contact <b>0315725045</b>	Contact <b>ATISHA</b>	Phone <b>0315725045</b>	Phone <b>0312358455</b>

Mark Service Required
Same Day
Express
With Sunrise Option
With Saturday Service
Public Holiday Service
Economy
After Hours
BLNS Customs Tariff

Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other
Analysis Code						

**SPECIAL INSTRUCTIONS**

Tarif Code **027766**

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)

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>2</b>	<b>BOX</b>
<b>LENGTH (CM)</b>	<b>WIDTH (CM)</b>
<b>LE CREUSET</b>	<b>LE CREUSET PAVILION</b>

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)  
**ATISHA**

Date Received:  
**27/12/18**

Time Received:  
**0940**

Received By DSV 1997/021366/07  
Name Of Counterparty (PLEASE PRINT CLEARLY)  
**LE CREUSET PAVILION**

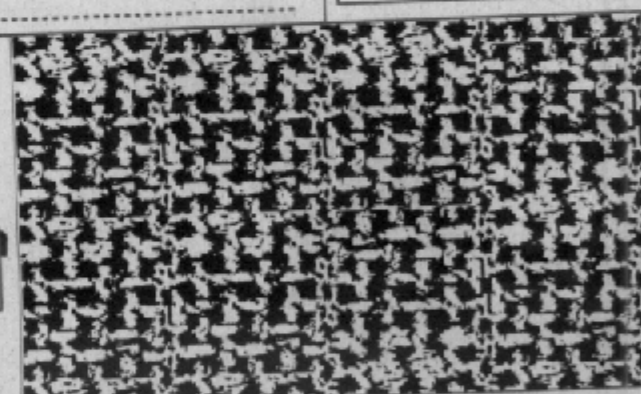
Date Received:  
**27/12/18**

Signature:

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

**Total Mass (Kg)**

**24/12/2018**



POD COPY

Version Control (01/2018)