

# CONTRACT 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



SUBBD27169316


Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name	PVT	Company Name	Le creuset warehouse			<input type="checkbox"/>	
Street Address	100 grauston close	Street Address	Unit 5 Olive Grove			<input type="checkbox"/>	
Suburb	Sancton	Suburb	Somerset West			<input type="checkbox"/>	
City / Town	JHB	City / Town	Capetown			<input type="checkbox"/>	
Postal Code	2196	Postal Code	7130			<input type="checkbox"/>	
Contact	Mark Lee	Contact	Mary / Yolanda			<input type="checkbox"/>	
Phone	083 50 20 670	Phone	021 300 1779 / 021 851 7178			<input type="checkbox"/>	
Destination Country	South Africa	Lesotho	Namibia	Swaziland	Other	<input type="checkbox"/>	
Sender's Reference						<input type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. 027877 <input type="checkbox"/> Bill To 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 250.00 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							
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) ECU / NO				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Capetown			
Date Received:		Time Received:		Date Received:		Time Received:	
050318		1025		010318		1058	
Signature:				Signature:			

POD COPY

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