

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



SUBBD27574555

2 2 2 E E E 2 2 2

06243316
06243317
3326

Sender's Details

Company Name: **Le creuset killarney**
Street Address: **Shop 100 Killarney Mall Riviera Rd Killarney**
Suburb: **Killarney**
City/Town: **JHB** Postal Code: **2193**
Contact: **Natasha**
Phone: **011 646 6316**

Consignee's Details. Full Street Address Please

Company Name: **Le creuset Hobart**
Street Address: **Shop 91 Cnr Hobart Grosvenor Rd Bryanston**
Suburb: **Bryanston**
City/Town: **JHB** Postal Code: **2021**
Contact: **Sevritan**
Phone: **011 568 4708**

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Endorsement

After Hours

BLNS Customs Tariff

1. ONLINE

3. EFT

Total Mass (Kg)

Destination Country: **South Africa** Botswana Lesotho Namibia Swaziland Other (Please Specify)
Sender's Reference: **UT12099778** Analysis Code

SPECIAL INSTRUCTIONS

Bill Charges To Account No: **027766** Bill To: ☒ Sender ☐ Consignee ☐ Other (Name Please) ☐

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 260.00 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

e-mail / Fax / Proof of Delivery ☐ e-mail Address / Fax Number

Total Parcels

NO. OF PARCELS PER DIMENSIONS

LENGTH (CM)

WIDTH (CM)

HEIGHT (CM)

4

4 BOX

Goods received in full without damage (unless endorsed)
Name Of Receiver (PLEASE PRINT CLEARLY)

GIRGL LG

Date Received:

230418

Time Received:

10:00

Signature: **C.Booyser**

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY)

KAB

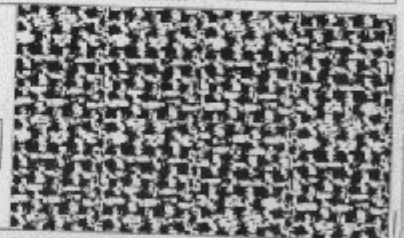
Date Received:

200418

Time Received:

1130

Signature: **C**



POD COPY