

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
t/a DSV Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4260213873



SUBBD25871457

348HT1150 0791

ADDITIONAL									
TRACKING									
NUMBERS									

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>LE CREUSET</b>		Company Name <b>Ormonde Estate</b>				<input type="checkbox"/> Same Day	
Street Address <b>UNIT 7, OUDE HOEK CNR CHURCH &amp; ANDRINGA STREET</b>		Street Address <b>Mount Pleasant Str.</b>				<input type="checkbox"/> Express	
Suburb <b>STELLENBOSCH</b>		Suburb <b>Darling</b>				<input type="checkbox"/> With Sunrise Option	
City / Town <b>CAPE TOWN</b> Postal Code <b>7140</b>		City / Town <b>Berinda</b> Postal Code <b>052 878 6400</b>				<input type="checkbox"/> With Saturday Service	
Contact <b>CHERYL</b>		Contact <b>Berinda</b>				<input type="checkbox"/> Public Holiday Service	
Phone <b>021 300 3168</b>		Phone <b>052 878 6400</b>				<input checked="" type="checkbox"/> Economy	
Destination Country		South Africa		Botswana		<input type="checkbox"/> After Hours	
		Lesotho		Namibia		<input type="checkbox"/> BLNS Customs Tariff	
		Swaziland		Other (Please Specify)			
Sender's Reference		Analysis Code					
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <b>027766</b> Bill To <input type="checkbox"/> Sender 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 12.4 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 12.5 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 12.5, 12.6 AND 12.7 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>LENGTH (CM)</b>		<b>WIDTH (CM)</b>	
<b>HEIGHT (CM)</b>							
<b>2</b>							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>BR Bassa</b>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>BR Bassa</b>			
Date Received: <b>24/04/18</b>		Time Received: <b>12H30</b>		Date Received: <b>25/04/18</b>		Time Received: <b>12H30</b>	
Signature: <b>[Signature]</b>				Signature: <b>[Signature]</b>			

POD COPY

Version Control (06/2016)