

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 873-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD24860657



Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name LE CREUSET		Company Name Lie CREUSET Meryn		<input type="checkbox"/> Same Day	
Street Address MALL OF AFRICA SHOP 2040		Street Address Shop 12 Meryn MAINE		<input type="checkbox"/> Express	
CNR ALLANDALE & BEN SCHOEMAN		ANUACY MASIKELA AVE. 9th		<input type="checkbox"/> With Sunrise Option	
Suburb HIGHWAY -MIDRAND		Suburb AMATAND		<input type="checkbox"/> With Saturday Service	
City / Town JNB Postal Code 2056		City / Town VE-TORIA Postal Code 1017		<input type="checkbox"/> Public Holiday Service	
Contact CASSANDA		Contact 1017		<input checked="" type="checkbox"/> Economy	
Phone 011 568 2097		Phone 012 004 0082		<input type="checkbox"/> After Hours	
Destination Country <input checked="" type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)		Analysis Code		<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference		Analysis Code		<input type="checkbox"/> 1. ONLINE	
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027756 Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> 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		e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE [Signature] DATE 07/05/18	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		Total Mass (kg)	
1					
Goods received in full without damage (unless endorsed)		Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)			
Date Received: 080518		Date Received: 070518			
Time Received: 1108		Time Received: 247			
Signature: [Signature]		Signature: [Signature]			

POD COPY