

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



SUBBD27409680

UTI 3674798

2 2 2 E E E 2 2 2

Sender's Details

Consignee's Details. Full Street Address Please

Mark Service Required

Company Name **LE CREUSET**
Street Address **SHOP UM 30A**
CLEARWATER MALL
CHRISTIAN DE WET ROAD
Suburb **JOHANNESBURG**
City / Town **JNB** Postal Code **2001**
Contact **ELLEN**
Phone **011 475 1202**

Company Name **LE CREUSET**
Street Address **UNIT 5 HERON PARK**
OLIVE GROOVE INDUSTRIAL
ESTATE, OLD PAARDEVELD
Suburb **SOMERSET WEST**
City / Town **CAPE TOWN** Postal Code **7200**
Contact **JENNA**
Phone **021 851 7178**

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 (Please Specify)

Sender's Reference **ASSESSMENT**

Analysis Code

SPECIAL INSTRUCTIONS

Bill Charges To Account No. **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 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).

SENDER'S AUTHORISED SIGNATURE

DATE

1. ONLINE

3. EFT

Total Mass (Kg)

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

Total Parcels

NO. OF PARCELS
PER DIMENSIONS

LENGTH (CM)

WIDTH (CM)

HEIGHT (CM)

1

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

Received By DSV
Name Of Courier (PLEASE PRINT CLEARLY)

BASIL

Elmas

Date Received: **130718** Time Received: **0938**

Date Received: **110718** Time Received: **1430**

Signature:

Signature:

