

# 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



SUBBD27574582

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Sender's Details			Consignee's Details. Full Street Address Please			Mark Service Required	
Company Name <b>LECREUSET KILLARNEY</b>			Company Name <b>LECREUSET WATERFALL MAIL</b>			<input type="checkbox"/> Same Day	
Street Address <b>SHOP 100 KILLARNEY MAIL 60 RIVIERA ROAD KILLARNEY</b>			Street Address <b>SHOP 101 WATERFALL MAIL AUGRABLES AVENUE</b>			<input type="checkbox"/> Express	
Suburb <b>KILLARNEY</b>			Suburb <b>WATERFALL PARK</b>			<input type="checkbox"/> With Sunrise Option	
City/Town <b>JHB</b> Postal Code <b>FUNDI</b>			City/Town <b>Rustenburg</b> Postal Code <b>LERATO</b>			<input type="checkbox"/> With Saturday Service	
Contact <b>011 646 6316</b>			Contact <b>014 537 2279</b>			<input checked="" type="checkbox"/> Public Holiday Service	
Phone <b>011 646 6316</b>			Phone <b>014 537 2279</b>			<input type="checkbox"/> Economy	
Destination Country <b>South Africa</b>			Destination Country <b>Lesotho</b>			<input type="checkbox"/> After Hours	
Destination Country <b>Botswana</b>			Destination Country <b>Namibia</b>			<input type="checkbox"/> BLNS Customs Tariff	
Destination Country <b>Swaziland</b>			Destination Country <b>Other</b> (Please Specify)			<input type="checkbox"/> BLNS Customs Tariff	

Sender's Reference **STOCK TRANSFER**

Analysis Code

## SPECIAL INSTRUCTIONS

Bill Charges To Account No.

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).

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

1. ONLINE ☐

3. EFT ☐

SENDER'S AUTHORISED SIGNATURE

DATE

Total Mass (Kg)

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

**INGRIO**

Date Received:

**180718**

Time Received:

**1351**

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY)

**JOR**

Date Received:

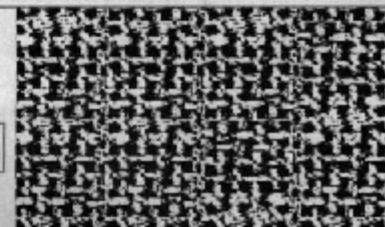
**170718**

Time Received:

**1620**

Signature:

Signature:



POD COPY