

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

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)

INGRIO

JOR

Date Received:

Time Received:

Date Received:

Time Received:

180718

1351

170718 1620

Signature:

Signature:

POD COPY