

# CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd  
 V/a DSV Distribution  
 PO Box 63, The Reeds 0061  
 Tel (012) 673 2000  
 Reg. No. 2000/016342/07  
 VAT No. 4880189685



SUBBD28212322

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POD COPY

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name <b>LE CREUSET BRYANSTON</b>		Company Name <b>LE CREUSET CLEARWATER</b>		<input type="checkbox"/> Same Day	
Street Address <b>SHOP G1 CNR HOBART &amp; GROSVENOR ROADS</b>		Street Address <b>SHOP UN030A CLEARWATER MALL CHRISTIAN DE WET ROAD</b>		<input type="checkbox"/> Express	
Suburb <b>BRYANSTON</b>		Suburb <b>CLEARWATER</b>		<input type="checkbox"/> With Sunrise Option	
City / Town <b>JNB</b>	Postal Code <b>2021</b>	City / Town <b>JOHANNESBURG</b>	Postal Code <b>2001</b>	<input type="checkbox"/> With Saturday Service	
Contact <b>SEVARIAN</b>	Phone <b>011 568 4708</b>	Contact <b>LISA</b>	Phone <b>011 475 1202</b>	<input type="checkbox"/> Public Holiday Service	
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)				<input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours	
Sender's Reference		Analysis Code		<input type="checkbox"/> BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <b>027766</b> <input checked="" type="checkbox"/> Bill To Sender <input checked="" type="checkbox"/> 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 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 <input type="checkbox"/>		e-mail Address / Fax Number		SENDER'S AUTHORIZED SIGNATURE <i>[Signature]</i> DATE <b>11/7/2018</b>	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		Total Mass (Kg)	
<b>1</b>					
		LENGTH (CM)		WIDTH (CM)	
				HEIGHT (CM)	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>LISA</b> Date Received: <b>120718</b> Time Received: <b>1236</b> Signature: <i>[Signature]</i>					
Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>SILAS</b> Date Received: <b>110718</b> Time Received: <b>1100</b> Signature: <i>[Signature]</i>					

