

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



SUBBD28297614

2 2 2 E E E 2 2 2

ADDITIONAL
TRACKING
NUMBERS

Sender's Details

Consignee's Details. Full Street Address Please

Mark Service Required

Company Name **EMMA KANE**
Street Address **16 KILDARE RD**
NEWLANDS

Company Name **LE CREUSET**
Street Address **UNIT 5 HERON PARK**
OLIVE GROVE INDUSTRIAL

Suburb
City / Town **CAPE TOWN** Postal Code **7700**
Contact **EMMA**
Phone **082 402 3486**

Suburb **SOMERSET WEST**
City / Town **CAPE TOWN** Postal Code **7130**
Contact **MARY**
Phone **021 851 7178**

Destination Country South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)

Sender's Reference Analysis Code

SPECIAL INSTRUCTIONS

Tariff Code 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 1000.00 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)

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

Received By DSV
Name Of Courier (PLEASE PRINT CLEARLY)

Yolanda

HILTON

Date Received:

Time Received:

Date Received:

Time Received:

240518

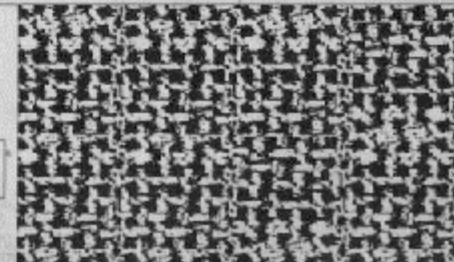
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Signature:

Signature:



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