

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



SUBBD28376402

2 2 2 E E E 2 2 2

ADDITIONAL
TRACKING
NUMBERS

Sender's Details

Company Name **EMMA KARIE**
Street Address **16 KILDAKE RD**
Suburb **NEWLANDS**
City / Town **C.TOWN** Postal Code
Contact **082 402 3486**
Phone

Consignee's Details. Full Street Address Please

Company Name **LE CREUSET**
Street Address **UNIT 5 HERON PARK**
OLIVE GROVE INDUSTRIAL
SOMERSET WEST
Suburb
City / Town Postal Code **7130**
Contact **MARY**
Phone **021 851 7178**

Mark
Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

☒ Economy

After Hours

BLNS
Customs
Tariff

1. ONLINE

3. EFT

Total Mass (Kg)

SPECIAL INSTRUCTIONS

Tariff Code **027877**

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)

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)

MARY

Date Received:

14 05 18

Time Received:

10 20

Signature:

[Signature]

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY)

HILTON

Date Received:

14 05 18

Time Received:

10 18

Signature:

[Signature]

