

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



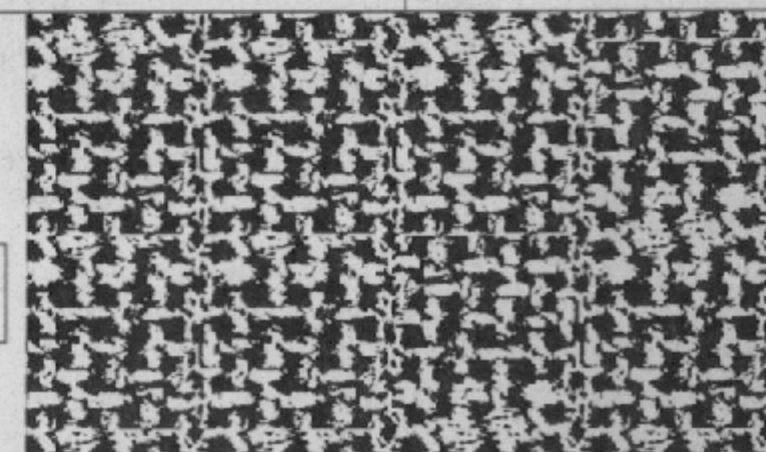
SUBBD29254856

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Gozi Kitchenshop</u>		Company Name <u>Le Creuset</u>				☐ Same Day	
Street Address <u>11 Mitchel street</u>		Street Address <u>Unit 5 Heron Park</u>				☐ Express	
<u>Hermanus</u>		<u>Olive Grove</u>				☐ With Sunrise Option	
Suburb <u>Hermanus</u>		Suburb <u>Somerset West</u>				☐ With Saturday Service	
City / Town <u>Hermanus</u> Postal Code <u>7200</u>		City / Town <u>HELEN9</u> Postal Code <u>021 851 7178</u>				☒ Public Holiday Service	
Contact <u>Megan</u>		Contact <u>HELEN9</u>				☒ Economy	
Phone <u>028 312 4979</u>		Phone <u>021 851 7178</u>				☐ After Hours	
Destination Country		South Africa ☒		Botswana		BLNS Customs Tariff	
		Lesotho		Namibia			
		Swaziland		Other (Please Specify)			
Sender's Reference		Analysis Code					
SPECIAL INSTRUCTIONS							
Tariff Code <u>02 7877</u>		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)							
<u>1</u>							
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
<u>BASEL</u>				<u>THURSTON</u>			
Date Received:				Time Received:			
<u>06 09 18</u>				<u>05 09 18</u>			
Signature:				Signature:			

1. ONLINE	☐
3. EFT	☐

Total Mass (Kg)



POD COPY