

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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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. 4860189685



SUBBD29418195

ADDITIONAL TRACKING NUMBERS

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required					
Company Name: LE CREUSET JHB		Company Name: LE CREUSET RUSTENBURG				<input type="checkbox"/> Same Day					
Street Address: UNIT 4, ENK MANIBRO DRIVE & SOUTH RD, EASTGATE BUSINESS PARK		Street Address: SHOP 101, 1 AUGERBERG AVENUE WATERFALL PARK				<input type="checkbox"/> Express					
Suburb: SANDTON		Suburb: RUSTENBURG				<input type="checkbox"/> With Sunrise Option					
City/Town: JHB Postal Code: [] [] [] [] [] []		City/Town: NORTH WEST Postal Code: [] [] [] [] [] []				<input type="checkbox"/> With Saturday Service					
Contact: OLIVIER		Contact: TShepang Mojaleja				<input type="checkbox"/> Public Holiday Service					
Phone: 073 5052470		Phone: 014 537 2279				<input checked="" type="checkbox"/> EASY					
Destination Country: <input checked="" type="checkbox"/> South Africa		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify) [] [] [] [] [] []				<input type="checkbox"/> After Hours					
Sender's Reference: WOODEN CHEST		Analysis Code: [] [] [] [] [] []				BLNS Customs Tariff [] [] [] [] [] []					
SPECIAL INSTRUCTIONS FRAGILE											
Tariff Code [] [] [] [] [] []		Bill To Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) [] [] [] []		If Consignee Or Other (Third Party) is Billed, Sender Remains Liable For Unpaid Charges.		1. ONLINE <input type="checkbox"/>					
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 14.6, 14.5 AND 14.7 OVERLEAF).											
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number [] [] [] [] [] [] [] [] [] []		SENDER'S AUTHORISED SIGNATURE: <i>[Signature]</i>		DATE: [] [] [] []					
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)		Total Mass (Kg)	
1		box		33		36		33		3kg	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): MAVIS						Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): MUKOBI					
Date Received: 021018						Date Received: 016181510					
Time Received: 1622						Time Received: [] [] [] [] [] []					
Signature: <i>[Signature]</i>						Signature: <i>[Signature]</i>					

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Version Control (6/2018)

