

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



SUBBD29981165

2 2 2 E E E 2 2 2

REPLACEMENTS

ADDITIONAL

DAMAGES

NUMBERS

Sender's Details

Company Name Le Creuset
Street Address Shop 103
Walmer Park, Main
road.
Suburb Walmer Park
City / Town Port Elizabeth Postal Code 6020
Contact Rene Newfeldt
Phone 041 367 2318

Consignee's Details. Full Street Address Please

Company Name Le Creuset Warehouse
Street Address Unit 5, Haron Park
Olive Grove, Old paardvlei Rd
Industrial Estate.
Suburb Somerset West
City / Town Cape Town Postal Code 7100
Contact Franci and Jenna
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

Destination Country

South Africa

Botswana

Lesotho

Namibia

Swaziland

Other

(Please Specify)

Sender's Reference

Analysis Code

SPECIAL INSTRUCTIONS

Tariff Code

0 2 7 7 6 6

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)

BASIL

Date Received:

17 01 19

Time Received:

09 45

Signature:

Received By DSV

Name Of Consignee (PLEASE PRINT CLEARLY)

XOLANI

Date Received:

16 01 19

Time Received:

15 20

Signature:

POD COPY