

DSV

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SUB HTDS 41 1741

Version Control (6/2007)

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required							
Company Name <u>Le Graver Waterfall</u>		Company Name <u>Le Graver Gauding Warehouse</u>						Same Day							
Street Address <u>Shop 101</u>		Street Address <u>4 East Gate Business</u>						Express							
<u>1 Macpherson Avenue</u>		<u>Port CNR South RD</u>						With Sunrise Option							
<u>Wentworth East 12</u>		<u>3 Marlboro Drive</u>						With Saturday Service							
Suburb <u>Waterfall Mall</u>		Suburb <u>Sandton</u>						Public Holiday Service							
City / Town <u>Rustenburg</u> Postal Code <u>0295</u>		City / Town <u>Schamberg</u> Postal Code <u></u>						Economy							
Contact <u>Manager: Dorcas</u>		Contact <u>Duane Dawids</u>						After Hours							
Phone <u>011 551 2279</u>		Phone <u>021 851 7178</u>						BLKS Customs Tariff							
Destination Country		South Africa		Botswana		Lesotho		Namibia		Swaziland		Other		(Please Specify)	
Sender's Reference <u>DAMAGES</u>															
SPECIAL INSTRUCTIONS														1. ONLINE <input type="checkbox"/>	
Tariff Code <u>027766</u>		Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>				3. EFT <input type="checkbox"/>					
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) <u>2</u>														Total Mass (Kg)	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number <u></u>															
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)							
<u>2</u>		<u>2</u>		<u>49</u>		<u>36</u>		<u>22</u>							
				<u>60</u>		<u>48</u>		<u>32</u>							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>THEMBAYI SC</u>														Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>LES (G)</u>	
Date Received: <u>040219</u> Time Received: <u>0902</u>															
Date Received: <u>040219</u> Time Received: <u>1544</u>															
Signature: <u>[Signature]</u>															

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