

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



SUBBD27895130

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Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name <u>SUE GOODE</u>		Company Name <u>KE CREUSCH</u>		<input type="checkbox"/> Same Day	
Street Address <u>10 A POLOWAY</u>		Street Address <u>UNIT 5</u>		<input type="checkbox"/> Express	
		<u>OLIVE GROVE INDUSTRIAL ESTATE</u>		<input type="checkbox"/> With Sunrise Option	
		<u>OLD PAARDEVELD ROAD</u>		<input type="checkbox"/> With Saturday Service	
Suburb		Suburb		<input type="checkbox"/> Public Holiday Service	
City / Town <u>UNDERBERG</u> Postal Code <u>3257</u>		City / Town <u>SOMERSET WEST</u> Postal Code <u>7200</u>		<input checked="" type="checkbox"/> Emergency	
Contact		Contact <u>MARY</u>		<input type="checkbox"/> After Hours	
Phone <u>081 465 4091</u>		Phone <u>021 8571178</u>		<input type="checkbox"/> BLNS Customs Tariff	
Destination Country <u>South Africa</u> Botswana Lesotho Namibia Swaziland Other (Please Specify)					
Sender's Reference		Analysis Code			
SPECIAL INSTRUCTIONS					
Bill Charges To Account No. <u>02 7877</u>		Bill To <input type="checkbox"/> Sender <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)		1. ONLINE <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 250.00 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 <input type="checkbox"/>		e-mail Address / Fax Number		20/3/18	
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>ETV / NO</u>		<u>Amos</u>			
Date Received:		Time Received:			
<u>220318</u>		<u>1015</u>			
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>			

Total Mass (Kg)