

# CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
t/a DSV Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4260213873



SUBBD26434346

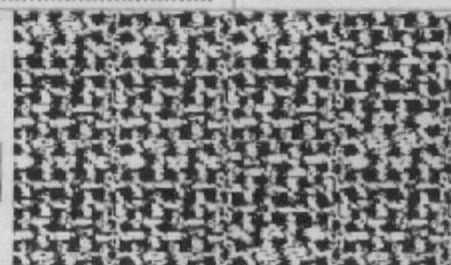


Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>O. RISSIK</u>				Company Name <u>OSPREY SOUTH AFRICA</u>				<input type="checkbox"/> Same Day	
Street Address <u>10 SEAWITCH AVE</u>				Street Address <u>134 GATEWAY CLOSE</u>				<input type="checkbox"/> Express	
Suburb <u>DEERBAY</u>				Suburb <u>MUIZENBERG</u>				<input type="checkbox"/> With Sunrise Option	
City / Town <u>DEERBAY</u> Postal Code <u>082507</u>				City / Town <u>CAMIE TOWN</u> Postal Code <u>7945</u>				<input type="checkbox"/> With Saturday Service	
Contact <u>DIRISSIK</u>				Contact <u>CHAS</u>				<input checked="" type="checkbox"/> Public Holiday Service	
Phone <u>082 507 6688</u>				Phone <u>021 788 2049</u>				<input type="checkbox"/> Economy <input checked="" type="checkbox"/>	
Destination Country		South Africa		Lesotho		Namibia		Swaziland	
		Botswana						Other (Please Specify)	
Sender's Reference				Analysis Code				After Hours	
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <u>027 766</u> Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <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 12.4 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 12.5 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 12.5, 12.6 AND 12.7 OVERLEAF).									
e-mail / Fax / Proof of Delivery <input type="checkbox"/>				e-mail Address / Fax Number					
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
<u>1</u>		<u>7</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>M. L TOWN</u>					<u>ST. J.</u>				
Date Received:					Time Received:				
<u>020419</u>					<u>958</u>				
Signature: <u>[Signature]</u>					Signature: <u>[Signature]</u>				

1. ONLINE ☐

3. EFT ☐

Total Mass (Kg)



POD COPY

Version Control (03/2016)