

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 63, The Reeds 6061  
Tel (012) 673-2000  
Reg. No. 2000/016342/07  
WAT. No. 4880169685



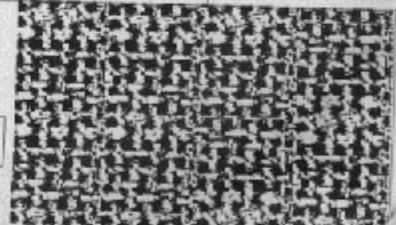
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UT12894041


POD COPY

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>LE CREUSEY WATERCREST</b>				Company Name <b>SHOP G1</b>				<input type="checkbox"/> Same Day	
Street Address <b>INANDA ROAD</b>				Street Address <b>CNR HOBART &amp; GROSVENOR</b>				<input type="checkbox"/> Express	
<b>WATERFALL</b>				<b>ROADS BRYANSTON</b>				<input type="checkbox"/> With Sunrise Option	
<b>DURBAN</b>								<input type="checkbox"/> With Saturday Service	
Suburb				Suburb				<input type="checkbox"/> Public Holiday Service	
City/Town <b>DUR</b>		Postal Code <b>3652</b>		City/Town <b>BRYANSTON</b>		Postal Code <b>2021</b>		<input checked="" type="checkbox"/> Economy	
Contact <b>Sipesanale</b>				Contact <b>011 568 4708 SEVARIAN</b>				<input type="checkbox"/> After Hours	
Phone <b>031 763 1525</b>				Phone <b>011 568 4708</b>				<input type="checkbox"/> BLN5 Customs Tariff	
Destination Country		South Africa		Botswana		Lesotho		Namibia	
								Swaziland	
								Other (Please Specify)	
Sender's Reference <b>PISOTTO POT</b>				Analysis Code					
SPECIAL INSTRUCTIONS									
Bill Charges To Account No.				Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <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 250.00 PER SHIPMENT. (SEE CLAUSE 14.6 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					
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
<b>1</b>		<b>1 Box</b>							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>C. Breyer</b>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>S. Breyer</b>				
Date Received: <b>14 06 18</b>					Time Received: <b>11 50</b>				
Signature: <b>C. Breyer</b>					Signature: <b>S. Breyer</b>				



Version Control (06-2017)