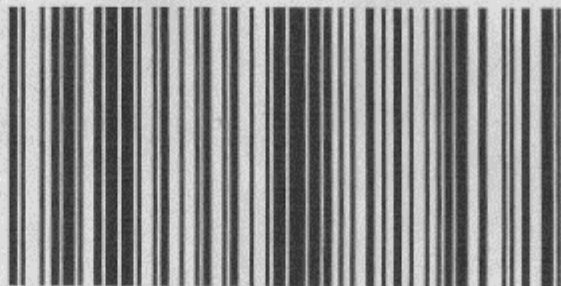


# CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD27081042

2 2 2 E E E 2 2 2


## Sender's Details

Company Name **DCC**  
Street Address **102 MILKYWAY**  
Suburb **LINBRO PARK**  
City / Town **JHB** Postal Code  
Contact  
Phone

## Consignee's Details. Full Street Address Please

Company Name **Le Lense**  
Street Address **25 Heron park**  
Suburb **olive Grove industrial**  
City / Town **old Paardekraal Rd** Postal Code  
Contact **Vicky**  
Phone **021 951 2178**

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

Bill Charges To Account No. **027766** 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 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).

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)

**J BENADE**

Date Received:

**110618**

Time Received:

**1000**

Signature:

*Benade*

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY)

**Allen**

Date Received:

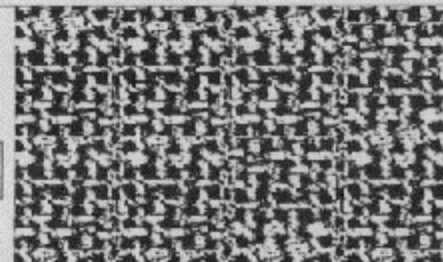
**080618**

Time Received:

**1500**

Signature:

*Allen*



POD COPY