

CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD25396643

Sender's Details Company Name: <u>Le cresnet</u> Street Address: <u>Brooklyn mail, Shop 318 corner of Waterkloof and veale road</u> Suburb: <u>Brooklyn</u> City / Town: <u>Pretoria</u> Postal Code: <u>0002</u> Contact: <u>ANUSKA</u> Phone: <u>012 346 2840</u>		Consignee's Details. Full Street Address Please Company Name: <u>Le cresnet</u> Street Address: <u>Unit 5 Heron park, olive grove industrial estate</u> Suburb: <u>Somerset west</u> City / Town: <u>Cape town</u> Postal Code: <u>7200</u> Contact: <u>Jenna</u> Phone: <u>021 851 7178</u>				Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours BLNS Customs Tariff	
Destination Country: <u>South Africa</u>		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)		Analysis Code			
Sender's Reference: <u>UTIA9646616</u>							
SPECIAL INSTRUCTIONS Bill Charges To Account No. <u>027766</u> Bill To: <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)							
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).							
SENDER'S AUTHORISED SIGNATURE: <u>[Signature]</u>				DATE: <u>2/1/2018</u>			
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number							
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)			
1		Box		_____			
_____		_____		WIDTH (CM)			
_____		_____		HEIGHT (CM)			
Total Mass (Kg)							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>Nasol</u>			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>Seyfangord</u>				
Date Received: <u>04 01 18</u>			Date Received: <u>02 01 18</u>				
Time Received: <u>09:30</u>			Time Received: <u>14:45</u>				
Signature: <u>[Signature]</u>			Signature: <u>[Signature]</u>				

Version Control (06/2016)