

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
 t/a DSV Distribution  
 PO Box 63, The Raes 0061  
 Tel (012) 673-2000  
 Reg. No. 2004/015747/07  
 VAT Reg. No. 4280213873



SUBBD25505549


Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required
Company Name <u>Le Crouzet Analy</u>		Company Name <u>Le Crouzet Gordon</u>					<input type="checkbox"/> Same Day
Street Address <u>Shop 12 Monty Mafik, January 175111 3 Amosid drive</u>		Street Address <u>Shop L339 158 5th street</u>					<input type="checkbox"/> Express
Suburb <u>Waterloo Ext 2</u>		Suburb <u>Gordon Ext 3</u>					<input type="checkbox"/> With Sunrise Option
City / Town <u>Pretoria</u> Postal Code <u>0181</u>		City / Town <u>Johannesburg</u> Postal Code <u>2196</u>					<input type="checkbox"/> With Saturday Service
Contact <u>TG</u>		Contact <u>Karabo</u>					<input type="checkbox"/> Public Holiday Service
Phone <u>012 004 0082</u>		Phone <u>011 784 0301</u>					<input checked="" type="checkbox"/> E-commerce
Destination Country		<input checked="" type="checkbox"/> South Africa	<input type="checkbox"/> Botswana	<input type="checkbox"/> Lesotho	<input type="checkbox"/> Namibia	<input type="checkbox"/> Swaziland	<input type="checkbox"/> Other (Please Specify)
Sender's Reference <u>UT11156342</u>		Analysis Code					<input type="checkbox"/> After hours
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <u>27766</u>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>		<input type="checkbox"/> BLNS Customs Tariff	
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 12.6 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 12.5, 12.6 AND 12.7 OVERLEAF).							
IF Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges <u>Assa</u> SENDER'S AUTHORISED SIGNATURE					DATE <u>09/03/2018</u>		
1. ONLINE <input type="checkbox"/> 3. EFT <input checked="" type="checkbox"/>							
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number							
<b>Total Parcels</b>		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)	
<u>01</u>							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>KARABO</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>WIMMUN</u>			
Date Received: <u>120318</u>		Time Received: <u>1103</u>		Date Received: <u>090318</u>			
Time Received: <u>1448</u>		Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>			
Signature: <u>[Signature]</u>							

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Version Control (05/2015)