

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63, The Reads 0061
Tel: (012) 873-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD25699978

DAMAGES &
REPLACEMENTS

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <u>LE CRELISSET BAYWEST</u>		Company Name <u>LE CRELISSET WAREHOUSE</u>						<input type="checkbox"/> Same Day	
Street Address <u>SHOP LG 43</u> <u>BAYWEST MALL</u> <u>N2</u>		Street Address <u>UNIT 5, HERON PARK</u> <u>OLIVE GROVE, INDUSTRIAL EST.</u> <u>OLD PAARDEVELI ROAD.</u>						<input type="checkbox"/> Express	
Suburb <u>WALKER DRIVE EXT</u>		Suburb <u>SOMERSET WEST.</u>						<input type="checkbox"/> With Sunrise Option	
City / Town <u>P.E</u> Postal Code <u>6001</u>		City / Town <u>CAPE TOWN</u> Postal Code <u>7100</u>						<input type="checkbox"/> With Saturday Service	
Contact <u>RENE' NENFELDT</u>		Contact <u>JENNA E, FRANCI</u>						<input type="checkbox"/> Public Holiday Service	
Phone <u>041 004 0011</u>		Phone <u>021 851 7178</u>						<input checked="" type="checkbox"/> Economy	
Destination Country		South Africa		Botswana		Lesotho		Namibia	
								Swaziland	
								Other (Please Specify)	
Sender's Reference <u>4TL3423112</u>		Analysis Code						<input type="checkbox"/> After Hours	
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. <u>027766</u>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		<input type="checkbox"/> BLNS Customs Tariff	
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 12.6 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>50</u>		<u>40</u>		<u>40</u>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>BASIL</u>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>NTS 90</u>				
Date Received: <u>020618</u>					Date Received: <u>290618</u>				
Time Received: <u>0950</u>					Time Received: <u>1615</u>				
Signature: <u>[Signature]</u>					Signature: <u>[Signature]</u>				

POD COPY

[Signature] 10:34 29/06/2016
SENDER'S AUTHORISED SIGNATURE DATE

1. ONLINE

3. EFT

Total Mass (Kg)