

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
 t/a DSV Distribution  
 PO Box 63, The Reeds 0051  
 Tel: (012) 673-2000  
 Reg. No. 2004/015747/07  
 VAT Reg. No. 4260213873



SUBBD25831324



Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <i>ATM FOR P/S</i>	Street Address <i>6 PRETORIA RD</i>	Company Name <i>ATM FOR WAREHOUSE</i>	Street Address <i>7 DENBUR MK EASTGATE</i>	Suburb <i>KENYIM</i>	City/Town <i>JHB</i>	Postal Code	<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
Suburb <i>PRETORIA</i>	City/Town <i>P/S</i>	Contact <i>GEORGI</i>	Phone	<input 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)	<input type="checkbox"/> BLNS Customs Tariff		<input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT
Destination Country: <i>South Africa</i> Analysis Code:		Sender's Reference:		SPECIAL INSTRUCTIONS Bill Charges To Account No: <i>029766</i> Bill To: <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> * IF THE 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, 12.5 AND 12.7 OVERLEAF).		SENDER'S AUTHORIZED SIGNATURE: <i>[Signature]</i> DATE: <i>12/2/18</i>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		Total Parcels: <i>1</i> NO. OF PARCELS PER DIMENSIONS: <i>B.M. MEDUNGA</i>		LENGTH (CM): <i>71</i> WIDTH (CM): <i>46</i> HEIGHT (CM): <i>64</i>		Total Mass (Kg): <i>19</i>	
Goods received in full without damage (unless endorsed) Name of Receiver (PLEASE PRINT CLEARLY): <i>[Redacted]</i>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <i>MARLENE</i>		Date Received: <i>15/02/18</i> Time Received: <i>12:40</i>		Date Received: <i>15/02/18</i> Time Received: <i>16:10</i>	
Signature: <i>[Redacted]</i>		Signature: <i>[Redacted]</i>		Signature: <i>[Redacted]</i>		Signature: <i>[Redacted]</i>	

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Version Control (08/2015)