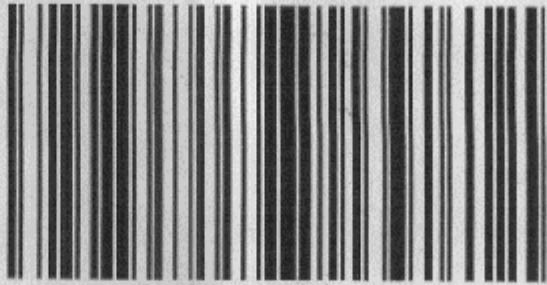


**CONTRACT FOR CARRIAGE / DISPATCH NOTE**



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



SUBBD26719576

2 2 2 E E E 2 2 2

SUBHT 11949303

SUBHT 11949306


Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>GREEN CROSS SANDTON CIT</b>		Company Name <b>Green Cross Warehouse</b>				<input type="checkbox"/> Same Day	
Street Address <b>SHOP L45 LOWER LEVEL SANDTON CITY RIVONIA ROAD SANDTON</b>		Street Address <b>2630 Genbow Avenue Epping Industrial Epping</b>				<input type="checkbox"/> Express	
Suburb <b>SANDTON</b>		Suburb				<input type="checkbox"/> With Sunrise Option	
City / Town <b>JNB</b> Postal Code <b>2096</b>		City / Town <b>CAPE TOWN</b> Postal Code				<input type="checkbox"/> With Saturday Service	
Contact <b>087 287 8041</b>		Contact <b>Elonzo</b>				<input type="checkbox"/> Public Holiday Service	
Phone		Phone				<input checked="" type="checkbox"/> Economy	
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)						<input type="checkbox"/> After Hours	
Sender's Reference		Analysis Code				<input type="checkbox"/> BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <b>099568</b>		Bill To <input checked="" 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 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).							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>				e-mail Address / Fax Number			
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>	
4							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>Jack</b>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>Paul</b>			
Date Received: <b>030418</b>		Time Received: <b>1540</b>		Date Received: <b>030418</b>		Time Received: <b>1420</b>	
Signature:				Signature:			

POD COPY

1. ONLINE

3. EFT

**SENDER'S AUTHORISED SIGNATURE**      **30/03/18** **DATE**

Total Mass (Kg)

Version Control (08/2017)

