

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



SUBBD27105505

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POD COPY

Sender's Details		Consignee's Details. Full Street Address Please					
Company Name <u>Le Gruisel Rosebank</u>		Company Name <u>Le Gruisel Head office</u>					
Street Address <u>Shop 2021 Rosebank Mall</u>		Street Address <u>Unit 5 Heron Park</u>					
<u>Corner both on Cradock</u>		<u>Dive Grove Park</u>					
<u>Avenue</u>		<u>SA 7945</u>					
Suburb <u>Rosebank</u>		Suburb <u>Cape town</u>					
City / Town <u>JHB</u>	Postal Code <u>2196</u>	City / Town <u>Cape Town</u>	Postal Code <u>8001</u>				
Contact <u>Ellen</u>		Contact <u>Vicky</u>					
Phone <u>011 668 4745</u>		Phone <u>021 851 7178</u>					
Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)	

Mark Service Required
Same Day
<input checked="" type="checkbox"/> Express
<input checked="" type="checkbox"/> With Sunrise Option
<input checked="" type="checkbox"/> With Saturday Service
<input checked="" type="checkbox"/> Public Holiday Service
Economy
After Hours
BLNS Customs Tariff

Sender's Reference UH13828281 Analysis Code

**SPECIAL INSTRUCTIONS**

Bill Charges To Account No.  Bill To Sender  Consignee  Other (Name Please)

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 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).

W. Losenda 16/07/2018  
SENDER'S AUTHORISED SIGNATURE DATE

1. ONLINE

3. EFT

e-mail / Fax / Proof of Delivery  e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
	<u>71x41</u>			

Total Mass (Kg)

Goods received in full without damage (unless endorsed)  
Name Of Receiver (PLEASE PRINT CLEARLY)  
Madame

Date Received: 17/07/18 Time Received: 0933

Signature: [Signature]

Received By DSV  
Name Of Courier (PLEASE PRINT CLEARLY)  
Murphy

Date Received: 17/07/18 Time Received: 1545

Signature: [Signature]

