

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd  
 t/a DSV Distribution  
 PO Box 63, The Reeds 0051  
 Tel (012) 573-2000  
 Reg. No. 2000/016342/07  
 VAT No. 4880189685



SUBBD27219334

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>LE CREUET WATERFALL</u>		Company Name <u>LE CREUET BEDFORD CENTRE</u>				<input type="checkbox"/> Same Day	
Street Address <u>SHOP 101</u>		Street Address <u>SHOP U17</u>				<input type="checkbox"/> Express	
<u>L. N. GONSE AVENUE</u>		<u>BEDFORD SHOPPING CENTRE</u>				<input type="checkbox"/> With Sunrise Option	
<u>CANTON EXT 12</u>		<u>CUR SMITH AND VAN DER WOUDE STR</u>				<input type="checkbox"/> With Saturday Service	
Suburb <u>WATERFALL</u>		Suburb <u>BEDFORD VIEW</u>				<input type="checkbox"/> Public Holiday Service	
City/Town <u>RUSTENBURG</u> Postal Code <u>0299</u>		City/Town <u>JHANNESBURG</u> Postal Code <u>2003</u>				<input checked="" type="checkbox"/> Economy	
Contact <u>MANAGER LEATO</u>		Contact <u>MANAGER NATASHA</u>				<input type="checkbox"/> After Hours	
Phone <u>011 537-2279</u>		Phone <u>011 615 1923</u>				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country <u>South Africa</u>		Leotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/>				<input type="checkbox"/>	
Sender's Reference		Analysis Code				<input type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <u>027760</u>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>	
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).							
		<u>TAPPE</u>		<u>24/04/18</u>		<input type="checkbox"/> 1. ONLINE	
		<u>SENDER'S AUTHORISED SIGNATURE</u>		<u>DATE</u>		<input type="checkbox"/> 3. EFT	
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>	
<u>1</u>		<u>50</u>		<u>31</u>		<u>21</u>	
						<b>HEIGHT (CM)</b>	
						<u>6</u>	
<b>Goods received in full without damage (unless endorsed)</b>				<b>Received By DSV</b>			
Name of Receiver (PLEASE PRINT CLEARLY) <u>Natasha</u>				Name of Courier (PLEASE PRINT CLEARLY) <u>DSV</u>			
Date Received: <u>25 04 18</u>		Time Received: <u>12:48</u>		Date Received: <u>24 03 18</u>		Time Received: <u>13:41</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			

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Version Control (05/01/17)

