

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 63, The Reads 0051  
Tel (012) 573-2000  
Reg. No. 2000/016342/07  
VAT No. 4680189685



SUBBD27219355


Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>LE CREUSSET WATERFALL MALL</u>		Company Name <u>LE CREUSSET MENTHA</u>				<input type="checkbox"/> Same Day	
Street Address <u>SHOP 101</u>		Street Address <u>SHOP 12 MENTHA MAINE</u>				<input type="checkbox"/> Express	
<u>1 AUGRABIES AVENUE</u>		<u>JANUARY MASTLELA AND ARAMIST DRIVE</u>				<input type="checkbox"/> With Sunrise Option	
<u>CASHAN EXT 12</u>		<u>WATERKLOOF EXT 2</u>				<input type="checkbox"/> With Saturday Service	
Suburb <u>WATERFALL MALL</u>		Suburb <u>WATERKLOOF</u>				<input type="checkbox"/> Public Holiday Service	
City / Town <u>RUSTENBURG</u> Postal Code <u>0299</u>		City / Town <u>PRETORIA</u> Postal Code <u>0181</u>		<input checked="" type="checkbox"/> Economy		<input type="checkbox"/> After Hours	
Contact <u>MANAGER LERATO</u>		Contact <u>NDUMISO</u>				<input type="checkbox"/> BLNS Customs Tariff	
Phone <u>014 537 2279</u>		Phone <u>012 004 0082</u>				<input type="checkbox"/> 1. ONLINE <input type="checkbox"/>	
Destination Country <u>South Africa</u>		Lesotho		Namibia		<input type="checkbox"/> 3. EFT <input type="checkbox"/>	
Botswana		Swaziland		Other (Please Specify)		Total Mass (Kg)	
Sender's Reference <u>350ML OEEPTIAL</u>		Analysis Code				2	
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <u>027766</u>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>	
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)							
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>	
1		1		25		25	
						19	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>NDUMISO</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>LESSEGO</u>			
Date Received: <u>24 07 18</u>		Time Received: <u>14:15</u>		Date Received: <u>23 07 18</u>		Time Received: <u>15:45</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			

POD COPY

Version Control (DSV2017)