

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 573-2000
Reg. No. 2000/016342/07
VAT. No. 4880189685



SUBBD27219398

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 WAREHOUSE</u>					<input type="checkbox"/> Same Day	
Street Address <u>STOP 101</u>		Street Address <u>UNIT 05 HERON PARK</u>					<input type="checkbox"/> Express	
<u>1 AUGRABIES AVENUE</u>		<u>OLIVE GROVE INDUSTRIAL ESTATE</u>					<input type="checkbox"/> With Sunrise Option	
<u>CASHAN EXT 12</u>		<u>OLD PAARDEVEK RD</u>					<input type="checkbox"/> With Saturday Service	
Suburb <u>WATERFALL HALL</u>		Suburb <u>SOMERSET WEST</u>					<input type="checkbox"/> Public Holiday Service	
City / Town <u>RUSTENBURG</u> Postal Code <u>0299</u>		City / Town <u>CAPE TOWN</u> Postal Code <u>7130</u>					<input type="checkbox"/> Economy	
Contact <u>MANAGER: LERATO</u>		Contact <u>ATT: JENNA</u>					<input type="checkbox"/> After Hours	
Phone <u>014 537 2279</u>		Phone <u>021 851 7178</u>					<input type="checkbox"/> BLNS Customs Tariff	
Destination Country		<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)	
Sender's Reference <u>DAMAGES</u>		Analysis Code						
SPECIAL INSTRUCTIONS								
Bill Charges To Account No. <input type="checkbox"/>		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).								
e-mail / Fax / Proof of Delivery <input type="checkbox"/>						e-mail Address / Fax Number		
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
1		A4						
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>ECW/MC</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>LES/ESD</u>				
Date Received: <u>150318</u>		Time Received: <u>1000</u>		Date Received: <u>130318</u>		Time Received: <u>1751</u>		
Signature:				Signature:				

1. ONLINE

3. EFT

Total Mass (Kg)

1

POD COPY

Version Control (08-2017)