

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



SUBBD27440788

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file

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required		
Company Name	<i>Lo Creezet Bedford</i>	Company Name	<i>Lo Creezet SA</i>						<input type="checkbox"/> Same Day	
Street Address	<i>Shop 117</i>	Street Address	<i>Unit 5 Heron Park</i>						<input checked="" type="checkbox"/> Express	
	<i>Bedford Centre</i>		<i>Olive Grove Industrial Estate</i>						<input type="checkbox"/> With Sunrise Option	
	<i>Smith & Vanders Lunde</i>		<i>Old Pearsden Rd</i>						<input type="checkbox"/> With Saturday Service	
Suburb	<i>Bedfordview</i>	Suburb	<i>Springet West</i>						<input type="checkbox"/> Public Holiday Service	
City / Town	<i>HB</i>	City / Town	<i>Capetown</i>						<input type="checkbox"/> Economy	
Postal Code	<i>2008</i>	Postal Code	<i>7130</i>						<input type="checkbox"/> After Hours	
Contact	<i>Matabela</i>	Contact	<i>Wony</i>						<input type="checkbox"/> BLNS Customs Tariff	
Phone	<i>016 15 19 23</i>	Phone	<i>021 851 7178</i>						<input type="checkbox"/> 1. ONLINE	
Destination Country	South Africa	Other (Please Specify)							<input type="checkbox"/> 3. EFT	
Sender's Reference	<i>1990348</i>		Analysis Code						Total Mass (Kg)	
SPECIAL INSTRUCTIONS										
Bill Charges To Account No.		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				
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)						
<i>1</i>										
Goods received in full without damage (unless endorsed)					Received By DSV					
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)					
<i>J. BENAIDE</i>					<i>TRON</i>					
Date Received:					Date Received:					
<i>18 04 18</i>					<i>18 04 18</i>					
Time Received:					Time Received:					
<i>09 25</i>					<i>15 58</i>					
Signature: <i>Benaide</i>					Signature: <i>[Signature]</i>					

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Version Control (08/2017)

