

**CONTRACT FOR CARRIAGE / DISPATCH NOTE**

2 2 2 E E E 2 2 2

DSV Road (Pty) Ltd  
 via DSV Distribution  
 PO Box 63, The Reeds 0061  
 Tel (012) 673-2000  
 Reg. No. 2000/016342/07  
 VAT No. 4890189685



**SUBBD27574618**


Sender's Details		Consignee's Details. Full Street Address Please			
Company Name: <b>Killarney Mail SA</b>		Company Name: <b>Rosebank Mail SA</b>			
Street Address: <b>Shop no. Killarney Mall, Riviera Road Killarney, Johannesburg</b>		Street Address: <b>Shop 202A, Rosebank Mall, Bath Avenue, Rosebank</b>			
Suburb: <b>Killarney</b>		Suburb: <b>Rosebank</b>			
City/Town: <b>JHB</b>	Postal Code: <b>2193</b>	City/Town: <b>JHB</b>	Postal Code: <b>2196</b>		
Contact: <b>Natasha</b>		Contact: <b>Ellen</b>			
Phone: <b>011 846 6376</b>		Phone: <b>011 569 4745</b>			
Destination Country: <b>South Africa</b>		<input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)			
Sender's Reference: <b>U713419664</b>		Analysis Code			

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS Customs Tariff

1. ONLINE

3. EFT

**SPECIAL INSTRUCTIONS**

Bill Charges To Account No: **027766**

Bill To  Sender    Consignee  Other (Name Please)

If Consignee Or Other (Third Party) is Billed, Sender Remains Liable For Unpaid Charges.

**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 14.6 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, 14.5 AND 14.7 OVERLEAF).**

*Z. Dubozancy*    21.06.18  
 SENDER'S AUTHORIZED SIGNATURE    DATE

Total Mass (Kg)

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

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<b>1</b>	<b>1 Box</b>			

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY): **NE ombi**

Date Received: **020718**

Time Received: **1115**

Signature: \_\_\_\_\_

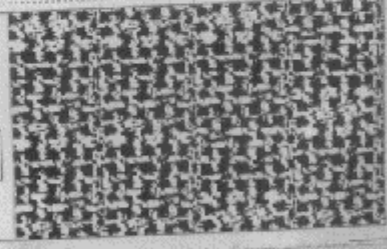
Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY): **JOL**

Date Received: **290618**

Time Received: **1649**

Signature: *[Signature]*



POD COPY