

**CONTRACT FOR CARRIAGE / DISPATCH NOTE**

DSV Road (Pty) Ltd  
 c/o DSV Distribution  
 PO Box 53, The Reeds, 0061  
 Tel (012) 673-2000  
 Reg. No. 2000/016342/07  
 VAT. No. 4880189685



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**SUBBD27574619**


Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name <i>Killarney Mall SA</i>	Company Name <i>Woodlands</i>	Street Address <i>Shop 276, Woodlands Boulevard</i>	Street Address <i>Chr Garstfontein Rd De Villebois</i>	<input type="checkbox"/> Same Day	
Street Address <i>Riviera Road</i>	Street Address <i>Mare Moreletapark</i>	Suburb <i>Woodlands</i>	Suburb <i>Woodlands</i>	<input type="checkbox"/> Express	
City/Town <i>JHB</i>	City/Town <i>JHB</i>	City/Town <i>JHB</i>	City/Town <i>JHB</i>	<input type="checkbox"/> With Sunrise Option	
Postal Code <i>2193</i>	Postal Code <i>0002</i>	Postal Code <i>0002</i>	Postal Code <i>0002</i>	<input type="checkbox"/> With Saturday Service	
Contact <i>Natasha</i>	Contact <i>Maria</i>	Contact <i>Maria</i>	Contact <i>Maria</i>	<input type="checkbox"/> Public Holiday Service	
Phone <i>011 646 6316</i>	Phone <i>012 997 3177</i>	Phone <i>012 997 3177</i>	Phone <i>012 997 3177</i>	<input checked="" type="checkbox"/> Economy	

Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
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Sender's Reference: *4713419061* Analysis Code: \_\_\_\_\_

**SPECIAL INSTRUCTIONS**

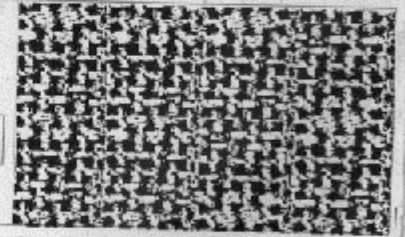
Bill Charges To Account No. *027766* Bill To  Sender  Consignee  Other (Name Please) \_\_\_\_\_

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).

*Zimbazona* *29.06.2018*  
 SENDER'S AUTHORISED SIGNATURE DATE

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)
<i>1</i>	<i>1 Flyer</i>				

Goods received in full without damage (unless endorsed)		Received By DSV	
Name Of Receiver (PLEASE PRINT CLEARLY) <i>Jodi H</i>	Name Of Courier (PLEASE PRINT CLEARLY) <i>Jodi H</i>	Date Received: <i>290618</i>	Time Received: <i>1649</i>
Date Received: <i>020718</i>	Time Received: <i>1140</i>	Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>



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