

CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



DSV Road (Pty) Ltd  
 c/o DSV Distribution  
 PO Box 63, The Reeds D061  
 tel (012) 573-2000  
 Reg. No. 2000/016342/07  
 VAT. No. 4690169685



SUBBD27648370


Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: <b>LE CROUSEL HOBART GROVE</b>		Company Name: <b>Le Crousel Hyde Park</b>				<input type="checkbox"/> Same Day	
Street Address: <b>SHOP G1 CNR HOBART &amp; GROSVENOR ROAD</b>		Street Address: <b>Shop 71 Upper Mall Hyde Park Jon Smuts AVENUE</b>				<input type="checkbox"/> Express	
Suburb: <b>BRYANSTON</b>		Suburb: <b>JHB</b>				<input type="checkbox"/> With Sunrise Option	
City / Town: <b>JNB</b> Postal Code: <b>2021</b>		City / Town: <b>JHB</b> Postal Code: <b>2196</b>				<input type="checkbox"/> With Saturday Service	
Contact: <b>SEVARIAN</b>		Contact: <b>Patricia</b>				<input type="checkbox"/> Public Holiday Service	
Phone: <b>011 568 4708</b>		Phone: <b>011 325 5606</b>				<input checked="" type="checkbox"/> <del>Emergency</del>	
Destination Country: <input checked="" type="checkbox"/> South Africa		Other (Please Specify):				<input type="checkbox"/> After Hours	
Sender's Reference		Analysis Code				BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <b>027766</b>		Bill To <input checked="" 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)	
1						HEIGHT (CM)	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>Munaka</b>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>Patricia</b>			
Date Received: <b>080218</b>		Time Received: <b>1222</b>		Date Received: <b>070218</b>		Time Received: <b>1500</b>	
Signature:				Signature:			

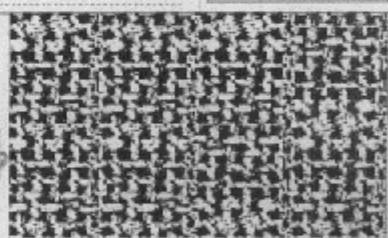
POD COPY

1. ONLINE

3. EFT

**Sender** **06/02/18**  
 SENDER'S AUTHORISED SIGNATURE DATE

Total Mass (Kg)



Version Control (18/06/17)