

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) 673-2000
Reg. No. 2000/016342/07
VAT. No. 4880189685



SUBBD29212100

POD COPY

Sender's Details Company Name: <u>ATW ML PLS</u> Street Address: <u>6 FRISCHLAND DR</u> Suburb: <u>MARBURG</u> City/Town: <u>PLS</u> Postal Code: <u>4240</u> Contact: _____ Phone: _____		Consignee's Details. Full Street Address Please Company Name: <u>ATW SOL WAREHOUSE</u> Street Address: <u>7 DELPHI STR. ESTUATE</u> Suburb: <u>ICEWIND</u> City/Town: <u>JHR</u> Postal Code: _____ Contact: <u>GEORGES</u> Phone: _____				Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours	
Destination Country: <u>South Africa</u>		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify) _____		BLNS Customs Tariff			
Sender's Reference: _____ Analysis Code: _____		1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/>		Total Mass (Kg) <u>18kg</u>			
SPECIAL INSTRUCTIONS Tariff Code: <u>027766</u> Bill To Sender <input type="checkbox"/> 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 1000.00 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 _____		SENDER'S AUTHORISED SIGNATURE: _____ DATE: <u>9/12/18</u>		Total Mass (Kg)			
Total Parcels <input type="checkbox"/> 1		NO. OF PARCELS PER DIMENSIONS _____		LENGTH (CM) <u>53</u>			
WIDTH (CM) <u>60</u>		HEIGHT (CM) <u>35</u>		Total Mass (Kg)			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>GEORGES</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>MARUWA</u>					
Date Received: <u>11/12/18</u> Time Received: <u>09:28</u>		Date Received: <u>10/12/18</u> Time Received: <u>12:30</u>		Signature: _____			
Signature: <u>[Signature]</u>		Signature: _____		Signature: _____			

Version Control (01/2018)