

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



SUBBD29636743


<b>Sender's Details</b> Company Name: <u>PVT</u> Street Address: <u>2 Nimmo closed</u> Suburb: <u>MOENINGBARDIE</u> City/Town: <u>DRW</u> Postal Code: <u> </u> Contact: <u>Clara</u> Phone: <u> </u>		<b>Consignee's Details. Full Street Address Please</b> Company Name: <u>NETRU WECRUZETHS</u> Street Address: <u> </u> Suburb: <u>SOMERSET WEST</u> City/Town: <u>CAPE TOWN</u> Postal Code: <u> </u> Contact: <u>MARION</u> Phone: <u>083 639 8316</u>				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 BLNS Customs Tariff <input type="checkbox"/>			
Destination Country: <input type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify) <u> </u>		Analysis Code: <u> </u>				1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/>			
Sender's Reference: <u> </u>		<b>SPECIAL INSTRUCTIONS</b> Tariff Code: <u>027766</u> Bill To <input type="checkbox"/> 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.				Total Mass (Kg) <u> </u>			
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 <u> </u>									
<b>Total Parcels</b> <u>1</u>		<b>NO. OF PARCELS PER DIMENSIONS</b> <u> </u>		<b>LENGTH (CM)</b> <u> </u>		<b>WIDTH (CM)</b> <u> </u>		<b>HEIGHT (CM)</b> <u> </u>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>MARY</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>VUSI</u>					
Date Received: <u>17 11 17</u>		Time Received: <u>09 52</u>		Date Received: <u>15 11 18</u>		Time Received: <u>15 36</u>			
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>					

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Version Control (01/2018)