

CONTRACT FOR CARRIAGE / DISPATCH NOTE

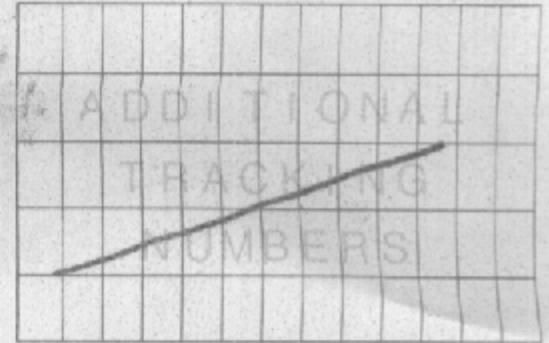
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DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT. No. 4880189685



SUBBD29804928



Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Klippers George</u>		Company Name <u>Le Creuvel</u>				<input type="checkbox"/> Same Day	
Street Address <u>Enterprise Road</u>		Street Address <u>Unit 5 Heron Park</u>				<input type="checkbox"/> Express	
<u>Pacaltsdorp Industria</u>		<u>Olive Grove Business Park</u>				<input type="checkbox"/> With Sunrise Option	
Suburb		Suburb <u>The Interchange</u>				<input type="checkbox"/> With Saturday Service	
City / Town <u>George</u> Postal Code <u>6530</u>		City / Town <u>Cape Town</u> Postal Code				<input type="checkbox"/> Public Holiday Service	
Contact <u>Maria Bezuidenhout</u>		Contact <u>Lauren</u>				<input type="checkbox"/> Economy	
Phone <u>044 8023900</u>		Phone <u>021 851 7178</u>				<input type="checkbox"/> After Hours	
Destination Country		South Africa		Botswana		<input type="checkbox"/> BLNS Customs Tariff	
		Lesotho		Namibia			
		Swaziland		Other (Please Specify)			
Sender's Reference				Analysis Code			
SPECIAL INSTRUCTIONS							
Tariff Code		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>	
If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.							
<p>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)</p>							
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)	
<u>X1</u>							
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
<u>LAUREN</u>				<u>CUFC</u>			
Date Received:		Time Received:		Date Received:		Time Received:	
<u>28/11/18</u>		<u>1000</u>		<u>27/11/18</u>		<u>1520</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			
Total Mass (Kg)							

POD COPY

Version Control (01/2016)

