

# CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD29255434

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## Sender's Details

Company Name.....  
Street Address 11 Skippers End  
Zee koe thei  
Suburb Southern suburbs  
City / Town CPT Postal Code 7949  
Contact MARTIN  
Phone 086 796 0661

## Consignee's Details. Full Street Address Please

Company Name Le Crenset  
Street Address UNITS Heron Park  
Olive Grove Industrial  
Suburb Somerset West  
City / Town CPT Postal Code 7130  
Contact 021 851 7178 MARY  
Phone.....

Mark  
Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

☒ Economy

After Hours

BLNS  
Customs  
Tariff

Destination Country

South Africa

Botswana

Lesotho

Namibia

Swaziland

Other

(Please Specify)

Sender's Reference

Analysis Code

## SPECIAL INSTRUCTIONS

Tariff Code

027877

Bill To  
Sender ☐

Consignee ☐

Other  
(Name Please) ☐

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).

SENDER'S AUTHORISED SIGNATURE

DATE

18/9/18

1. ONLINE ☐

3. EFT ☐

Total Mass (Kg)

e-mail / Fax / Proof of Delivery ☐ e-mail Address / Fax Number

Total Parcels

NO. OF PARCELS  
PER DIMENSIONS

LENGTH (CM)

WIDTH (CM)

HEIGHT (CM)

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)

Date Received:

D D M M Y Y

Time Received:

H H M M

Signature:

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY)

M. D. L.

Date Received:

18 09 18

Time Received:

12 02

Signature:

Depot Hand In

Liability: Value For  
Loss or Damage

R .....

Liability: (Costs Incidental)  
To Loss, Damage Or Delay

R .....