

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



SUBBD29403861

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ADDITIONAL
TRACKING
NUMBER

POD COPY

Sender's Details Company Name: <u>DSV CENTURION</u> Street Address: <u>1 MANN ROAD</u> <u>LOUWLANDIA</u> Suburb: <u>CENTURION</u> City / Town: <u>PTA</u> Postal Code: <u>0157</u> Contact: <u>QUERIES</u> Phone: <u>012 673 2000</u>		Consignee's Details. Full Street Address Please Company Name: <u>STANDARD BANK</u> Street Address: <u>6 SIMMONDS STREET</u> <u>MARSHALLTOWN</u> Suburb: City / Town: <u>JOHANNESBURG</u> Postal Code: Contact: <u>BRONWYN KENNEDY</u> Phone: <u>082 97 93 703</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
Destination Country: <input checked="" 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)		Analysis Code		
Sender's Reference: <u>LECT10304630</u>				
SPECIAL INSTRUCTIONS: <u>CHANGE ADDRESS</u>				
Tariff Code: <u>027877</u>		Bill To: <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)		
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		
Total Parcels: <u>1</u>	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) <u>Ayanda</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>Coccon</u>		
Date Received: <u>12/09/18</u>		Date Received: <u>11/09/18</u>		
Time Received: <u>0810</u>		Time Received: <u>1900</u>		
Signatures: <u>[Signature]</u>		Signature: <u>[Signature]</u>		

