

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



SUBBD27228433

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POD COPY

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name <u>Leah Liang</u> Street Address <u>35 Atherstone Dr</u> <u>BUNKERS HILL</u> Suburb <u>EAST LONDON</u> City / Town Postal Code Contact Phone 		Company Name <u>Mary</u> Street Address <u>Le Crouzet SA</u> <u>Unit 5 Heron Park olive Grove</u> <u>old paardelei Road</u> Suburb City / Town <u>SOMERSET WEST</u> Postal Code <u>7130</u> Contact <u>Mary</u> Phone <u>0760 213001779</u>		<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 type="checkbox"/> Economy <input type="checkbox"/> After Hours <input type="checkbox"/> BLNS Customs Tariff	
Destination Country South Africa <input checked="" 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 					
SPECIAL INSTRUCTIONS Bill Charges To Account No. Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> 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 250.00 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 <u>[Signature]</u>		DATE <u>27.1.2018</u>	
Total Parcels 		NO. OF PARCELS PER DIMENSIONS 		LENGTH (CM) <u>30</u> WIDTH (CM) <u>20</u> HEIGHT (CM) <u>10</u>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>Nesab</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>E2V15</u>		Total Mass (Kg) <u>3</u>	
Date Received: <u>26 01 18</u>		Time Received: <u>09H30</u>		Date Received: <u>23 01 17</u>	
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>		[Barcode]	