

**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



SUBBD28989333

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ADDITIONAL  
TRACKING  
NUMBERS

<b>Sender's Details</b> Company Name <u>Le Croust Gateway</u> Street Address <u>Shop C158, 1 Palm</u> <u>Boulevard, Gateway Theatre</u> <u>of Shopping</u> <u>Umhlanga</u> Suburb <u>Durban</u> Postal Code <u>4320</u> City / Town <u>Cassandra</u> Contact <u>031 100 1239</u> Phone		<b>Consignee's Details. Full Street Address Please</b> Company Name <u>Le Croust Headoffice</u> Street Address <u>Unit 5 Heron Park</u> <u>Olive Grove industrial Est</u> <u>Old paardervei Road</u> <u>Somersel West</u> Suburb <u>Cape Town</u> Postal Code <u>8001</u> City / Town <u>Vicky</u> Contact <u>021 851 7178</u> Phone		Mark Service Required Same Day Express <input checked="" type="checkbox"/> With Sunrise Option With Saturday Service Public Holiday Service Economy After Hours BLNS Customs Tariff
Destination Country <u>South Africa</u> <u>Botswana</u> <u>Lesotho</u> <u>Namibia</u> <u>Swaziland</u> <u>Other</u> (Please Specify)		Sender's Reference <u>UTIG183424</u> Analysis Code		1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/> Total Mass (Kg)
<b>SPECIAL INSTRUCTIONS</b> Tariff Code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bill To <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.		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		SENDER'S AUTHORISED SIGNATURE <u>[Signature]</u> DATE <u>16/1/19</u>		Total Mass (Kg)
<b>Total Parcels</b> 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>Cerise</u> Date Received: <u>170119</u> Time Received: <u>0943</u> Signature: <u>CAVenter</u>		
Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>SPHELELE</u> Date Received: <u>160119</u> Time Received: <u>1600</u> Signature: <u>[Signature]</u>		Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>Cerise</u> Date Received: <u>170119</u> Time Received: <u>0943</u> Signature: <u>CAVenter</u>		Total Mass (Kg)
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