

CONTRACT FOR CARRIAGE / DISPATCH NOTE



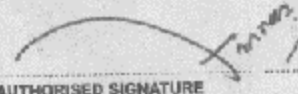
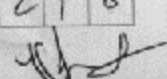
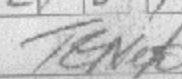
DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 53, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT No. 4630189685



SUBBD28206346

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Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name	FARAH	Company Name	Yumma Cassiem	<input type="checkbox"/> Same Day	
Street Address	153 Rifle Range	Street Address	156 Rifle Range	<input type="checkbox"/> Express	
Suburb	Crown Gardens	Suburb	Crown Gardens	<input type="checkbox"/> With Sunrise Option	
City / Town	JHB	City / Town	JHB	<input type="checkbox"/> With Saturday Service	
Postal Code		Postal Code		<input type="checkbox"/> Public Holiday Service	
Contact		Contact		<input type="checkbox"/> Economy	
Phone		Phone		<input type="checkbox"/> After Hours	
Destination Country		Destination Country		<input type="checkbox"/> BLNS Customs Tariff	
<input type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other		<input type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other		<input type="checkbox"/> T. ONLINE	
Sender's Reference		Analysis Code		<input type="checkbox"/> 3. EFT	
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To <input type="checkbox"/> Sender <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 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 AUTHORIZED SIGNATURE 		DATE 16/2/2018		Total Mass (Kg) 	
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) YUMMA					
Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) ERICK					
Date Received: 160218		Time Received: 1255		Date Received: 160218	
Signature: 		Signature: 			

POD COPY