

# 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. 488018958



SUBBD27893228

2 2 2 E E E 2 2 2


POD COPY

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name	D. NIDDRIE	Company Name	LE CREUSCH
Street Address	31 IRVINE RD HILTON	Street Address	Unit 5 Olive Grove Industrial Estate Old PAARDEVELL Road Somerset West
Suburb	HILTON	Suburb	Somerset West
City / Town	Pmb	City / Town	
Postal Code	3245	Postal Code	7200
Contact		Contact	Mary
Phone	087 46 48 114	Phone	021 851 7178

Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other	(Please Specify)
Sender's Reference						Analysis Code	

**SPECIAL INSTRUCTIONS**

Bill Charges To Account No.

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 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).

*D. Nidrie* 7/3/18  
SENDER'S AUTHORISED SIGNATURE DATE

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

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1	1	30	20	7

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS Customs Tariff

1. ONLINE ☐

3. EFT ☐

Total Mass (Kg)

1

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)

ELVINO

Date Received: 090318

Time Received: 1020

Signature: *[Signature]*

Received By DSV

Name Of Coupler (PLEASE PRINT CLEARLY)

Mathi

Date Received: 070318

Time Received: 1500

Signature: *[Signature]*

