

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. 2006/016342/07
VAT. No. 4880185685



SUBBD27907569

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Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name <u>Shree Farm</u>		Company Name <u>Larissa Clark</u>		<input type="checkbox"/> Same Day	
Street Address		Street Address <u>11 Roxburghe Rd</u>		<input checked="" type="checkbox"/> Business	
				<input type="checkbox"/> With Sunrise Option	
Suburb		Suburb <u>Craighall Park</u>		<input type="checkbox"/> With Saturday Service	
City / Town <u>Pret</u> Postal Code		City / Town <u>JAB</u> Postal Code <u>2196</u>		<input type="checkbox"/> Public Holiday Service	
Contact		Contact <u>073 799 2711</u>		<input type="checkbox"/> Economy	
Phone		Phone		<input type="checkbox"/> After Hours	
Destination Country		<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 (Please Specify)		<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference		Analysis Code		1. ONLINE <input type="checkbox"/>	
SPECIAL INSTRUCTIONS Bill Charges To Account No. <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"/> 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 Inland 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). SENDER'S AUTHORISED SIGNATURE <u>[Signature]</u> DATE					
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number					
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM) WIDTH (CM) HEIGHT (CM)	
<u>1.</u>					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>FLORENCE</u> Date Received: <u>31/01/18</u> Time Received: <u>1015</u> Signature: <u>[Signature]</u>					
Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>[Signature]</u> Date Received: <u>30/01/18</u> Time Received: <u>[Signature]</u> Signature: <u>[Signature]</u>					

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