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Sender's Details		Consignee's Details, Full Street Address Please		Mark Service Required	
Company Name <u>Smith Power George</u>		Company Name <u>Golf Data Holdings Wedgewood</u>		<input checked="" type="checkbox"/> Standard	
Street Address		Street Address <u>Golf and Country Estate</u>		<input type="checkbox"/> Express	
Suburb		Suburb <u>old Cape Road</u>		<input type="checkbox"/> With Sunrise Option	
City / Town		City / Town <u>Greenbushes</u>		<input type="checkbox"/> With Saturday Service	
Postal Code		Postal Code <u>PE</u>		<input type="checkbox"/> Public Holiday Service	
Contact		Contact <u>Vernin</u>		<input type="checkbox"/> Economy	
Phone		Phone <u>082 872 9035</u>		<input type="checkbox"/> After Hours	
Destination Country		Destination Country		<input type="checkbox"/> BLNS Customs Tariff	
<u>South Africa</u>		<u>PE</u>		<input type="checkbox"/> 1. ONLINE	
Sender's Reference		Analysis Code		<input type="checkbox"/> 3. EFT	
SPECIAL INSTRUCTIONS					
Tarrif Code <u>101364</u>		Bill To Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>		Total Mass (Kg)	
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)		If Consignee Or Other (Third Party) Is Silled, Sender Remains Liable For Unpaid Charges		11/03/19	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		DATE	
LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
Goods received in full without damage (unless endorsed)		Received By DSV		Name Of Receiver (PLEASE PRINT CLEARLY)	
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)		VERNON	
Date Received:		Date Received:		CHANDRI	
Time Received:		Time Received:		130319	
Signature:		Signature:		0905	

POD COPY