

# 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



SUBBD27219374

*Saturday 06/05/18*  
*222 EEE 222*  
*RAW 49 PFS*

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)

3

**Sender's Details**

Company Name: *Le Crenset Waterfall Mall*

Street Address: *Shop 101*  
*1 Angrabies Avenue*  
*Cashan Ext. 12*

Suburb: *Waterfall Mall*

City / Town: *RUSTENBURG* Postal Code: *0299*

Contact: *MANAGER LERATO*

Phone: *014 537 2279*

**Consignee's Details. Full Street Address Please**

Company Name: *Le Crenset Warehouse*

Street Address: *Unit 05 Heron Park*  
*Olive Grove Industrial Estate*  
*Old Paardevlei Rd*

Suburb: *Somerset West*

City / Town: *CAPE TOWN* Postal Code: *7130*

Contact: *JENNA*

Phone: *021 851 7178*

Destination Country: *South Africa* Botswana Lesotho Namibia Swaziland Other (Please Specify)

Analysis Code

Sender's Reference: *DAMAGES*

**SPECIAL INSTRUCTIONS**

Bill Charges To Account No. *027766*

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).

*[Signature]* *16/05/18*

SENDER'S AUTHORISED SIGNATURE DATE

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

**Total Parcels** *1*

NO. OF PARCELS PER DIMENSIONS

LENGTH (CM) *32* WIDTH (CM) *31* HEIGHT (CM) *50*

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY) *René*

Date Received: *16 05 18*

Time Received: *15 45*

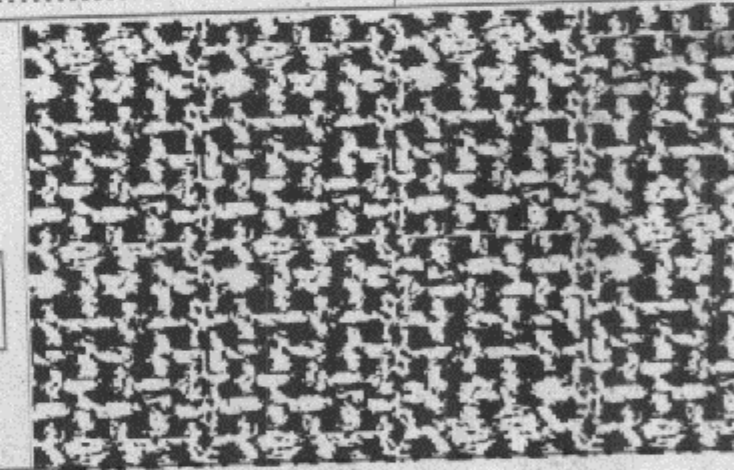
Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY) *LESER*

Date Received: *16 05 18*

Time Received: *15 45*

Signature: *[Signature]*



POD COPY