

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0051
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT No. 4880189685



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POD COPY

| Sender's Details | | Consignee's Details. Full Street Address Please | | Mark Service Required | |
|--|--|--|--|---|--|
| Company Name <u>LE CREUET WATERFALL</u> | | Company Name <u>LE CREUET HOBART GROVE</u> | | <input type="checkbox"/> Same Day | |
| Street Address <u>SHOP 101</u> | | Street Address <u>SHOP 61</u> | | <input type="checkbox"/> Express | |
| <u>1 AUORABE AVENUE</u> | | <u>CNR HOBART GROVE RD 205</u> | | <input type="checkbox"/> With Sunrise Option | |
| <u>CACHAN ET 12</u> | | | | <input type="checkbox"/> With Saturday Service | |
| Suburb <u>WATERFALL HILL</u> | | Suburb <u>BRYANSTON</u> | | <input type="checkbox"/> Public Holiday Service | |
| City/Town <u>LUTHERBURG</u> Postal Code <u>0299</u> | | City/Town <u>SHANNERSBURG</u> Postal Code <u>2021</u> | | <input checked="" type="checkbox"/> Economy | |
| Contact <u>MANA OER LERATO</u> | | Contact <u>MANA OER SEVARAU</u> | | <input type="checkbox"/> After Hours | |
| Phone <u>04 537-2275</u> | | Phone <u>011 562 4708</u> | | <input type="checkbox"/> BLNS Customs Tariff | |
| 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) | | | | | |
| Sender's Reference <u>TILES</u> | | Analysis Code | | | |
| SPECIAL INSTRUCTIONS | | | | | |
| Bill Charges To Account No. <u>0277766</u> | | Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> | | 1. ONLINE <input type="checkbox"/> | |
| | | If Consignee Or Other (Third Party) is Billed, Sender Remains Liable For Unpaid Charges | | 3. EFT <input type="checkbox"/> | |
| 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 14.6 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 <u>[Signature]</u> DATE <u>02/07/18</u> | |
| Total Parcels <u>2</u> | | NO. OF PARCELS PER DIMENSIONS <u>2</u> | | Total Mass (Kg) <u>62</u> | |
| | | LENGTH (CM) <u>71x2</u> | | | |
| | | WIDTH (CM) <u>67x2</u> | | | |
| | | HEIGHT (CM) <u>13x2</u> | | | |
| Goods received in full without damage (unless endorsed) | | Received By DSV | | | |
| Name Of Receiver (PLEASE PRINT CLEARLY) <u>Gontse</u> | | Name Of Courier (PLEASE PRINT CLEARLY) <u>1050501</u> | | | |
| Date Received: <u>030718</u> | | Date Received: <u>020718</u> | | | |
| Time Received: <u>0953</u> | | Time Received: <u>1514</u> | | | |
| Signature: <u>[Signature]</u> | | Signature: <u>[Signature]</u> | | | |