

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD25003838

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>le Crestal Cresta</u>		Company Name <u>le Crestal</u>				<input type="checkbox"/> Same Day	
Street Address <u>Beyers Naude drive</u>		Street Address <u>Unit 5 Heron Park</u>				<input type="checkbox"/> Express	
Shop <u>u14 Cresta</u>		Olive Grove Industrial				<input type="checkbox"/> With Sunrise Option	
Shopping Centre		Estate old Paardevlei Road				<input type="checkbox"/> With Saturday Service	
Suburb <u>Randburg</u>		Somerset West				<input type="checkbox"/> Public Holiday Service	
City / Town <u>JHB</u> Postal Code <u> </u>		City / Town <u>Capetown</u> Postal Code <u>0157</u>		<input type="checkbox"/> Economy		<input type="checkbox"/> After Hours	
Contact <u>GISA</u>		Contact <u>JENNA</u>				<input type="checkbox"/> BLNS Customs Tariff	
Phone <u>011 476 6010</u>		Phone <u>021 815 7178</u>				<input type="checkbox"/> 1. ONLINE	
Destination Country <u>South Africa</u>		Other (Please Specify) <u> </u>				<input type="checkbox"/> 3. EFT	
Sender's Reference <u>UT11317688</u>		Analysis Code <u> </u>				Total Mass (Kg)	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <u>027766</u>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/> Other (Name Please) <u> </u>		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 12.4 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 12.5 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 12.5, 12.6 AND 12.7 OVERLEAF)							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number <u> </u>					
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
<u>1</u>		<u> </u>		<u> </u>		<u> </u>	
Goods received in full without damage (unless endorsed)		Received By DSV		Name Of Courier (PLEASE PRINT CLEARLY)			
Name Of Receiver (PLEASE PRINT CLEARLY) <u>ECWMO</u>		Name Of Courier (PLEASE PRINT CLEARLY) <u>CPHRAIM</u>		Date Received: <u>160318</u> Time Received: <u>1604</u>			
Date Received: <u>190318</u>		Time Received: <u>0945</u>		Signature: <u>[Signature]</u>			
Signature: <u>[Signature]</u>							

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