

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2004/010747/07
VAT Reg. No. 4290213873



SUBBD25505553

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name <u>LeCresset Menlyn</u>		Company Name <u>LeCresset Hyde Park</u>				<input type="checkbox"/> Same Day
Street Address <u>Shop 12 Menlyn</u>		Street Address <u>Shop 71 Upper Mall, Hyde Park corner t/o Jan Smuts & 6th Ave</u>				<input type="checkbox"/> Express
Maine <u>Jimmy Masikela & Amarend Bree</u>						<input type="checkbox"/> With Sunrise Option
Suburb <u>Waterkloof ext. 2</u>		Suburb <u>Hyde Park</u>				<input type="checkbox"/> With Saturday Service
City/Town <u>Pretoria</u> Postal Code <u>0181</u>		City/Town <u>Johannesburg</u> Postal Code <u>2196</u>				<input type="checkbox"/> Public Holiday Service
Contact <u>Jan</u>		Contact <u>Patricia</u>				<input checked="" type="checkbox"/> Economy
Phone <u>012 004 0082</u>		Phone <u>011 325 5606</u>				<input type="checkbox"/> After Hours
Destination Country <input checked="" 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"/> BLMS Customs Tariff
Sender's Reference <u>UT11528675</u>		Analysis Code				<input type="checkbox"/> 1. ONLINE
SPECIAL INSTRUCTIONS						<input type="checkbox"/> 3. EFT
Bill Charges To Account No. <u>027766</u>		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>				Total Mass (Kg)
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						
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	
1		BOX				
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>NONI CHARLES</u>			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>[Signature]</u>			
Date Received: <u>26/03/18</u>		Time Received: <u>10:05</u>		Date Received: <u>28/03/18</u>		
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>				
Version Control: DS/CO/16						