

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 873-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4280213873



SUBBD25642580

SUBHT04569021

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name TRAVEL INSU CONSULTANTS		Company Name NICKY FORSHAW				<input type="checkbox"/> Same Day	
Street Address 52 CORLETTE DRIVE THE PAVILLON THE WONDERERS OFFICE PARK		Street Address S CORNUTA AVENUE				<input checked="" type="checkbox"/> Express	
Suburb ILLOVO		Suburb TOKAI				<input type="checkbox"/> With Sunrise Option	
City / Town JNB	Postal Code 2196	City / Town CAPE TOWN	Postal Code			<input type="checkbox"/> With Saturday Service	
Contact ANHILA LOUW		Contact NICKY FORSHAW				<input type="checkbox"/> Public Holiday Service	
Phone 011 521 4000		Phone 083 263 5720				<input type="checkbox"/> Economy	
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"/> After Hours	
Sender's Reference 013100000		Analysis Code				BLNS Customs Tariff	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 026530		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>		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)	Total Mass (Kg)	
2		2					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) NICKY				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) THOMASHEZ			
Date Received: 16.02.19		Time Received: 1021		Date Received: 13.02.18		Time Received: 1544	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

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