

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



SUBBD25699957

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required		
Company Name <u>Logaset Baywest</u>		Company Name <u>Logaset Warehouse</u>					<input type="checkbox"/> Same Day		
Street Address <u>Shop 1643, Baywest Mall, Nz, Walker Drive extension</u>		Street Address <u>Unit 5, Heron Park Olive grove industrial estate, old parrdevlei road</u>					<input type="checkbox"/> Express		
Suburb <u>Walker Drive extension</u>		Suburb <u>Somerset west</u>					<input type="checkbox"/> With Sunrise Option		
City/Town <u>P.C</u> Postal Code <u>6001</u>		City/Town <u>Cape Town</u> Postal Code <u>7100</u>					<input type="checkbox"/> With Saturday Service		
Contact <u>lene</u>		Contact <u>Mony</u>					<input type="checkbox"/> Public Holiday Service		
Phone <u>021 004 0011</u>		Phone <u>021 851 7178</u>					<input checked="" type="checkbox"/> Economy		
Destination Country		Other (Please Specify)					<input type="checkbox"/> After-Hours		
South Africa							<input type="checkbox"/> BLNS Customs Tariff		
Botswana							1. ONLINE <input type="checkbox"/>		
Lesotho								3. EFT <input checked="" type="checkbox"/>	
Namibia							Total Mass (Kg) <u>1.10</u>		
Swaziland									
Other									
Sender's Reference <u>UT11778126</u>		Analysis Code							
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. <u>027766</u>		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>							
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 R250.00 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)	
<u>1</u>		<u>1</u>		<u>43</u>		<u>36</u>		<u>2</u>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>ERU/MO</u>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>XOLANI</u>				
Date Received: <u>090418</u>					Date Received: <u>050418</u>				
Time Received: <u>1020</u>					Time Received: <u>1410</u>				
Signature:					Signature:				

POD COPY

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