

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



SUBBD25699982

Sender's Details Company Name: <u>La Ouselet Baywest</u> Street Address: <u>Shop LG43, Baywest Mall, N2 Walker Drive extension Walker Drive extension</u> Suburb: <u>Walker Drive extension</u> City / Town: <u>P.E</u> Postal Code: <u>6001</u> Contact: <u>Joe</u> Phone: <u>021 004 0011</u>		Consignee's Details. Full Street Address Please Company Name: <u>La Ouselet online</u> Street Address: <u>Unit 5, Heron Park, Olive Grove, Industrial estate, old paddeweir road</u> Suburb: <u>Somerset West</u> City / Town: <u>Cape Town</u> Postal Code: <u>8001</u> Contact: <u>Mary</u> Phone: <u>021 851 7178</u>		Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours BLNS Customs Tariff
Destination Country: <u>South Africa</u>		Analysis Code:		<input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT
Sender's Reference: <u>UT13659816</u>		SPECIAL INSTRUCTIONS Bill Charges To Account No.: <u>027766</u>		Total Mass (Kg)
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).		Bill To 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.		
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE: <u>[Signature]</u> DATE: <u>10/07/2018</u>		Total Mass (Kg)
Total Parcels: <u>1</u>		NO. OF PARCELS PER DIMENSIONS: <u>1 Box</u>		
LENGTH (CM): <u>45</u>		WIDTH (CM): <u>31</u>		Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>JOHANNAE</u> Date Received: <u>11/07/18</u> Signature: <u>[Signature]</u>
HEIGHT (CM): <u>18</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <u>XOLANI</u> Date Received: <u>10/07/18</u> Time Received: <u>1630</u> Signature: <u>[Signature]</u>		

PROD COPY

