

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. 4280213873



SUBBD26324365


<b>Sender's Details</b>		<b>Consignee's Details. Full Street Address Please</b>				<b>Mark Service Required</b>	
Company Name <u>he crewed</u>		Company Name <u>he crewed</u>				<input type="checkbox"/> Same Day	
Street Address <u>Shop 21</u> <u>Nicolway Shopping</u> <u>center William Nicol drive</u>		Street Address <u>Unit 5 Heron Park</u> <u>olive grove Estate</u>				<input type="checkbox"/> Express	
Suburb <u>Grayston</u>		Suburb <u>Somerset West</u>				<input type="checkbox"/> With Sunrise Option	
City/Town <input type="text"/> Postal Code <input type="text"/>		City/Town <u>Cape town</u> Postal Code <u>6000</u>				<input type="checkbox"/> With Saturday Service	
Contact <input type="text"/>		Contact <u>021 851 7178</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>011 706 2198</u>		Phone <u>KISA</u>				<input type="checkbox"/> Economy	
Destination Country		Destination Country				<input type="checkbox"/> After Hours	
South Africa		Botswana Lesotho Namibia Swaziland Other (Please Specify)				<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference <u>UTI1120390</u>		Analysis Code <input type="text"/>				<input type="checkbox"/> 1. ONLINE	
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <input type="text"/>		Bill To <input type="checkbox"/> Sender		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 <input type="text"/>			
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<b>Goods received in full without damage (unless endorsed)</b>				<b>Received By DSV</b>			
Name Of Receiver (PLEASE PRINT CLEARLY) <u>ECV / no</u>				Name Of Courier (PLEASE PRINT CLEARLY) <u>TANKISO</u>			
Date Received: <u>120318</u>		Time Received: <u>1005</u>		Date Received: <u>080318</u>		Time Received: <u>1500</u>	
Signature:				Signature: <u>Tshel</u>			

POD COPY

Version Control 1/16/2011

**Total Mass (Kg)**