

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd  
 t/a DSV Distribution  
 PO Box 63, The Reeds 0051  
 Tel (012) 673-2000  
 Reg. No. 2000/016342/07  
 VAT. No. 4880189685



SUBBD26655351

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Sender's Details	Consignee's Details. Full Street Address Please	Mark Service Required
Company Name <b>DORIS TSAI P</b>	Company Name <b>LE CREMSET</b>	<input type="checkbox"/> Same Day
Street Address <b>25 - PINK STREET INDUSTRIAL AREA</b>	Street Address <b>UNITS HERON PARK OLIVE GROVE INDUSTRIAL</b>	<input checked="" type="checkbox"/> Express
Suburb <b>BOITSHABELO</b>	Suburb <b>SOMERSET WEST</b>	<input type="checkbox"/> With Sunrise Option
City / Town <span style="border:1px solid black; display:inline-block; width:80px; height:15px;"></span> Postal Code <b>078</b>	City / Town <span style="border:1px solid black; display:inline-block; width:80px; height:15px;"></span> Postal Code <b>7130</b>	<input type="checkbox"/> With Saturday Service
Contact <b>DORIS</b>	Contact <b>MARY</b>	<input type="checkbox"/> Public Holiday Service
Phone <b>0762278398</b>	Phone <b>021-8517178</b>	<input type="checkbox"/> Economy
Destination Country	<input 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	Analysis Code	BLNS Customs Tariff
<b>SPECIAL INSTRUCTIONS</b>		<input type="checkbox"/> 1. ONLINE
Bill Charges To Account No.	Bill To <input type="checkbox"/> Sender Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>	<input type="checkbox"/> 3. EFT
IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER (SEE CLAUSE 14.14 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 14.5 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 14.6, 14.8 AND 14.7 OVERLEAF)		<b>Total Mass (Kg)</b>
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		
<b>Total Parcels</b>	<b>NO. OF PARCELS PER DIMENSIONS</b>	<b>LENGTH (CM)</b>
<b>WIDTH (CM)</b>	<b>HEIGHT (CM)</b>	
<input style="width:40px; height:40px;" type="text" value="1"/>		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>Yolanda</b>		
Date Received: <b>20 4 18</b>	Time Received: <b>09 10</b>	
Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>MZWAHL</b>		
Date Received: <b>18 04 18</b>	Time Received: <b>12 30</b>	
Signature:		Signature:

POD COPY

Version Control (08/2017)