

CONTRACT FOR CARRIAGE / DISPATCH NOTE

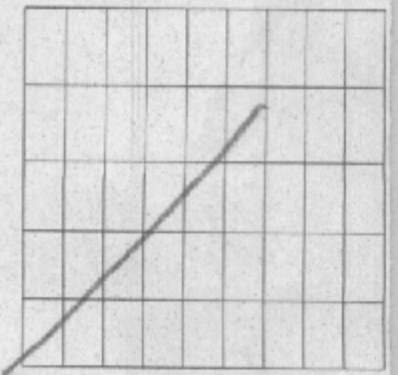


DSV Road (Pty) Ltd
 t/a DSV Distribution
 PO Box 63, The Reeds 0061
 Tel (012) 673-2000
 Reg. No. 2000/016342/07
 VAT. No. 4880189685



SUBBD26793495

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POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Clicks South Coast Mall</u>		Company Name <u>NEW Clicks South Africa</u>				<input type="checkbox"/> Same Day	
Street Address <u>Shop NO 32A</u> <u>IZOTBAA ROAD</u>		Street Address <u>Cnr. SCALE AND</u> <u>PONTAC STREET</u>				<input type="checkbox"/> Express	
Suburb <u>Shelly BEACH</u>		Suburb <u>CAPE TOWN</u>				<input type="checkbox"/> With Sunrise Option	
City / Town <input type="text"/>	Postal Code <u>4870</u>	City / Town <input type="text"/>	Postal Code <u>8000</u>			<input type="checkbox"/> With Saturday Service	
Contact <u>039-3151051</u>		Contact <u>GARY CRASHW</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>PEICE</u>		Phone <u>0860 254 257</u>				<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)
Sender's Reference <input type="text"/>				Analysis Code <input type="text"/>			
SPECIAL INSTRUCTIONS							
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 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 14.5, 14.6 AND 14.7 OVERLEAF).							
				<u>[Signature]</u>		DATE <u>15/1/19</u>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number <input type="text"/>					
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
<input type="text" value="1"/>		<input type="text" value="1"/>		<input type="text"/>		<input type="text"/>	
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY) <u>WARREN</u>				Name Of Courier (PLEASE PRINT CLEARLY) <u>ANNONA</u>			
Date Received: <u>170119</u>		Time Received: <u>1013</u>		Date Received: <u>150119</u>		Time Received: <u>1139</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			

Total Mass (Kg)

1. ONLINE

3. EFT

Version Control (06/2017)