

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



SUBBD27058229

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>VUPPIE CHEFF</u>		Company Name <u>LE CROUET</u>				<input type="checkbox"/> Same Day	
Street Address		Street Address				<input type="checkbox"/> Express	
Suburb <u>WESTVALE TOLAI</u>		Suburb <u>SOMERSET WEST</u>				<input type="checkbox"/> With Sunrise Option	
City / Town <u>CPT</u> Postal Code		City / Town <u>SOMERSET WEST</u> Postal Code				<input type="checkbox"/> With Saturday Service	
Contact		Contact				<input type="checkbox"/> Public Holiday Service	
Phone		Phone				<input checked="" type="checkbox"/> Economy	
Destination Country		(Please Specify)				<input type="checkbox"/> After Hours	
South Africa		Botswana				BLNS Customs Tariff	
Lesotho		Namibia				1. ONLINE <input type="checkbox"/>	
Swaziland		Other				3. EFT <input type="checkbox"/>	
Sender's Reference		Analysis Code				Total Mass (Kg)	
SPECIAL INSTRUCTIONS Bill Charges To Account No. <u>027766</u> 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).							
SENDER'S AUTHORIZED SIGNATURE <u>[Signature]</u> DATE <u>25/01/18</u>							
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)	
1						HEIGHT (CM)	
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
<u>Nasort</u>				<u>[Signature]</u>			
Date Received:		Time Received:		Date Received:		Time Received:	
<u>26/01/18</u>		<u>09H30</u>		<u>25/01/18</u>		<u>1500</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			

POD COPY

Version Control (08/2017)

