

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



SUBBD27219325

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required		
Company Name: <i>Le Gouset Waterfall</i>		Company Name: <i>Le Gouset Sandton</i>				<input type="checkbox"/> Same Day		
Street Address: <i>Shop 101 Augrabes Avenue</i>		Street Address: <i>Shop L339 Sandton City Shopping Centre 15th and Rivonia Street</i>				<input type="checkbox"/> Express		
Suburb: <i>Waterfall Mall</i>		Suburb: <i>Sandton City</i>				<input type="checkbox"/> With Sunrise Option		
City / Town: <i>Ausuburu</i> Postal Code: <i>2299</i>		City / Town: <i>Johannesburg</i> Postal Code: <i>2196</i>				<input type="checkbox"/> With Saturday Service		
Contact: <i>Stephany</i>		Contact: <i>Karabo</i>				<input type="checkbox"/> Public Holiday Service		
Phone: <i>014 537 2279</i>		Phone: <i>011 784 0301</i>				<input checked="" 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		Analysis Code				<input type="checkbox"/> After Hours		
Sender's Reference						<input type="checkbox"/> BLNS Customs Tariff		
SPECIAL INSTRUCTIONS								
Bill Charges To Account No.		Bill To <input type="checkbox"/> 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.		<input type="checkbox"/> 1. ONLINE <input type="checkbox"/>		
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).								
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		SENDER'S AUTHORIZED SIGNATURE: <i>[Signature]</i>		DATE: <i>22/02/18</i>		
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		
1				23		23		
						HEIGHT (CM)		
						16		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <i>KARABO</i>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)				Total Mass (Kg)
Date Received: <i>23/02/18</i>		Time Received: <i>1513</i>		Date Received:		Time Received:		
Signature: <i>[Signature]</i>				Signature:				

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