

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



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| Sender's Details Company Name: CHECKERS CRADLE STONE Street Address: CNR HENDRIK POTGIETER AND FURROW ROAD Suburb: KRUGERSDORP City / Town: JNB Postal Code: 1739 Contact: MEAT MARKET MANAGER Phone: 011 568 8760 | | | | Consignee's Details. Full Street Address Please Company Name: MEAT MARKET HEAD OFFICE Street Address: C/O WILLIAM DABBS & OLD PAARL ROAD BRACKENFELL Suburb: City / Town: CAPE TOWN (CPT) Postal Code: 8000 Contact: MELISSA/CHANELL Phone: 021 980 4200 | | | | Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input type="checkbox"/> Economy <input type="checkbox"/> After Hours <input type="checkbox"/> BLNS Customs Tariff | | | |
| Destination Country: <input checked="" 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: TRADE RETURNS Analysis Code: | | 1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/> | | | | | | | |
| SPECIAL INSTRUCTIONS Bill Charges To Account No. 024969 Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) | | | | 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 AUTHORISED SIGNATURE: <i>[Signature]</i> DATE: | | Total Mass (Kg) | | | |
| 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) | | HEIGHT (CM) | |
| Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): MELISSA | | | | Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): Elean | | | | | | | |
| Date Received: 030718 | | Time Received: 0900 | | Date Received: 020718 | | Time Received: 1428 | | | | | |
| Signature: <i>[Signature]</i> | | Signature: <i>[Signature]</i> | | | | | | | | | |

POD COPY

Vendor Control (08/2017)