

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
 via DSV Distribution
 PO Box 63, The Reeds 0061
 Tel: (012) 673-2000
 Reg. No. 2006/016342/07
 VAT. No. 4880185685



SUBBD27440790

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Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required
Company Name: <i>Le Croust Bedford</i>		Company Name: <i>Le Croust Rosebank</i>					<input type="checkbox"/> Same Day
Street Address: <i>Sloop 1114 Bedfordville</i>		Street Address: <i>Sloop 202A Rosebank Mall</i>					<input type="checkbox"/> Express
Suburb: <i>Bedfordville</i>		Suburb: <i>Rosebank</i>					<input type="checkbox"/> With Sunrise Option
City/Town: <i>JHB</i> Postal Code: <i>2008</i>		City/Town: <i>JHB</i> Postal Code: <i>2196</i>					<input type="checkbox"/> With Saturday Service
Contact: <i>Victoria</i>		Contact: <i>Ellen</i>					<input type="checkbox"/> Public Holiday Service
Phone: <i>011 5151923</i>		Phone: <i>011 568745</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 (Please Specify)							<input type="checkbox"/> After Hours
Sender's Reference		Analysis Code					<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"/>					<input type="checkbox"/> 1. ONLINE
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: <i>[Signature]</i>					DATE: <i>11/04/18</i>		<input type="checkbox"/> 3. EFT
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number					Total Mass (Kg)
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)			
<i>1</i>							
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY): <i>Ntombi</i>				Name Of Courier (PLEASE PRINT CLEARLY): <i>TL002</i>			
Date Received: <i>120418</i>		Time Received: <i>1523</i>		Date Received: <i>110418</i>		Time Received: <i>1342</i>	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

POD COPY

Version Control: 002/017

