

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
 c/o DSV Distribution
 PO Box 63, The Reeds 0061
 Tel (012) 673-2000
 Reg. No. 2000/015242/07
 VAT No. 4880189685



SUBBD27449515

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name: LE CREUET PAVILION		Company Name: LE CREUET GATEWAY				<input type="checkbox"/> Same Day
Street Address: SHOP 416 260		Street Address: SHOP 6158 NO. 1 PALM				<input type="checkbox"/> Express
PAVILION SHOPPING CENTER		BOULEVARD UMHLANGA RIDGE				<input type="checkbox"/> With Sunrise Option
JACK MAARTENS DRIVE		NEW TOWN CENTRE				<input type="checkbox"/> With Saturday Service
Suburb: WESTVILLE		Suburb: UMHLANGA ROCKS				<input type="checkbox"/> Public Holiday Service
City / Town: DURBAN	Postal Code: 3609	City / Town: DURBAN	Postal Code: 4300		<input checked="" type="checkbox"/> Economy	
Contact: TRISINA		Contact: CASSANDRA			<input type="checkbox"/> After Hours	
Phone: 031-2658455		Phone: 031-1001239			<input type="checkbox"/> BLNS Customs Tariff	
Destination Country: South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)	
Sender's Reference		Analysis Code				<input type="checkbox"/> 1. ONLINE
SPECIAL INSTRUCTIONS						
Bill Charges To Account No: 027766	Bill To Sender: <input type="checkbox"/>	Consignee: <input type="checkbox"/>	Other (Name Please): <input type="checkbox"/>			<input type="checkbox"/> 3. EFT
<p><small>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).</small></p>						
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)		
1	1 X BOX					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): LINDIWE			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): AOPON			
Date Received: 11/06/18		Time Received: 1000		Date Received: 11/06/18		
Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>				

POD COPY

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