

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



SUBBD27502759

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Tagine  
Booklet

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required	
Company Name <u>Le Crouzet Walmer</u>		Company Name <u>JSEA</u>					<input type="checkbox"/> Same Day	
Street Address <u>Shop 103 Walmer Park, Shopping Centre</u>		Street Address <u>Rhodes University St Peters Building (off Somerset Street)</u>					<input type="checkbox"/> Express	
Suburb <u>Walmer</u>		Suburb					<input type="checkbox"/> With Sunrise Option	
City / Town <u>P.E</u> Postal Code <u>6020</u>		City / Town <u>Grahamstown</u> Postal Code <u>6139</u>					<input type="checkbox"/> With Saturday Service	
Contact <u>Rene Neudt</u>		Contact <u>Mrs B. Cumming-Pelington</u>					<input type="checkbox"/> Public Holiday Service	
Phone <u>(041) 3672318</u>		Phone <u>0466038565</u>					<input checked="" type="checkbox"/> Economy	
Destination Country		(Please Specify)					<input type="checkbox"/> After Hours	
South Africa		Botswana Lesotho Namibia Swaziland Other					BLNS Customs Tariff	
Sender's Reference <u>UTI14693039</u>		Analysis Code					1. ONLINE <input type="checkbox"/>	

**SPECIAL INSTRUCTIONS**

Bill Charges To Account No. 27766 Bill To  Sender  Consignee  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).

17/09/2018  
SENDER'S AUTHORISED SIGNATURE DATE

e-mail / Fax / Proof of Delivery  e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1				

Goods received in full without damage (unless endorsed)		Received By DSV	
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)	
<u>Aitha</u>		<u>XOLANI</u>	
Date Received:	Time Received:	Date Received:	Time Received:
<u>180918</u>	<u>00:45</u>	<u>170918</u>	<u>1635</u>
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>	

Total Mass (Kg)

3. EFT