

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
 1/4 DSV Distribution
 PO Box 63, The Reeds 0061
 Tel (012) 673-2000
 Reg. No. 2000/016342/07
 VAT No. 4980189685



SUBBD27502795

2 2 2 E E E 2 2 2

30 cm
 Ocean
 Buffet

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: <u>La Gracet walmer</u>		Company Name: <u>Shop #2 Leccreuset Menlyn</u>				<input type="checkbox"/> Some Day	
Street Address: <u>Shop 103</u>		Street Address: <u>Shop #2, Menlyn Main,</u>				<input type="checkbox"/> Express	
Suburb: <u>walmer Park Shopping</u>		Suburb: <u>January Masilela in Amarand</u>				<input type="checkbox"/> With Sunrise Option	
City/Town: <u>Avenue, Main Rd walmer</u>		City/Town: <u>Drive Waterkloof Extension 2</u>				<input type="checkbox"/> With Saturday Service	
Postal Code: <u>6070</u>		Postal Code: <u>0108</u>				<input type="checkbox"/> Public Holiday Service	
Contact: <u>Rene Newfeldt</u>		Contact: <u>(021) (012) 0040082</u>				<input checked="" type="checkbox"/> Economy	
Phone: <u>(041) 3672318</u>		Phone: <u>(021) (012) 0040082</u>				<input type="checkbox"/> After Hours	
Destination Country: <u>South Africa</u>		Destination Country: <u>Lesotho Namibia Swaziland Other</u>				<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference: <u>2UT14054034</u>		Analysis Code: <u></u>				<input type="checkbox"/> 1. ONLINE	
SPECIAL INSTRUCTIONS Bill Charges To Account No. <u>27766</u> Bill To <input type="checkbox"/> Sender Co-signer <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> 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 260.00 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 AUTHORISED SIGNATURE		DATE	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (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>RORISANG</u>				<u>XOLANI</u>			
Date Received:		Time Received:		Date Received:		Time Received:	
<u>030818</u>		<u>11:05</u>		<u>010818</u>		<u>17:00</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			

POD COPY

Version Control (03/01/17)

Total Mass (Kg)

