

CONTRACT FOR CARRIAGE / DISPATCH NOTE

DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reads 0061
Tel (012) 673-2000
Reg. No. 2000/D16342/07
VAT No. 4880189685



SUBBD27574552

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Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required
Company Name <u>Le Crestet Killarney</u>		Company Name <u>Le Crestet Hyde Park</u>					<input type="checkbox"/> Same Day
Street Address <u>Shop 100 Killarney Mall Riviera Road Killarney</u>		Street Address <u>Shop 71 Upper Mall Hyde Park Corner c/o Jan Smuts & 6th Ave Hyde Park</u>					<input type="checkbox"/> Express
Suburb <u>Killarney</u>		Suburb <u>Hyde Park</u>					<input type="checkbox"/> With Sunrise Option
City/Town <u>JHB</u> Postal Code <u>2193</u>		City/Town <u>JHB</u> Postal Code <u>2196</u>					<input type="checkbox"/> With Saturday Service
Contact <u>Natasha</u>		Contact <u>Katrina</u>					<input type="checkbox"/> Public Holiday Service
Phone <u>011 646 6316</u>		Phone <u>011 375 5606</u>					<input type="checkbox"/> Emergency
Destination Country		South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference <u>UT12146731</u>		Analysis Code					<input type="checkbox"/> After Hours
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <u>027766</u>		Bill To Sender <input type="checkbox"/>	Consignee <input type="checkbox"/>	Other (Name Please) <input type="checkbox"/>			<input type="checkbox"/> BLN5 Customs Tariff
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).							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>				e-mail Address / Fax Number			<input type="checkbox"/> 1. ONLINE <input type="checkbox"/>
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)	
<u>1</u>		<u>1 BOX</u>					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>PATRICIA</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>Sol</u>			
Date Received: <u>240418</u>		Time Received: <u>1650</u>	Date Received: <u>230418</u>		Time Received: <u>1340</u>		
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			
Version Control (08/2011)							

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