

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
 t/a DSV Distribution
 PO Box 63, The Reeds, 0051
 Tel (012) 673-2000
 Reg. No. 2000/016342/07
 VAT No. 4880189665



SUBBD27648367

2 2 2 E E E 2 2 2

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name: LE CRUZEEL HOBART GROVE		Company Name: Le Cruzeel Sandton						<input type="checkbox"/> Same Day	
Street Address: SHOP G1 CNR HOBART & GROSVENOR ROAD		Street Address: Shop 1 339 Sandton City 158 5th Street Sandton Extension 3						<input type="checkbox"/> Express	
Suburb: ERYANSTON		Suburb: Sandton Extension 3						<input type="checkbox"/> With Sunrise Option	
City / Town: JNB Postal Code: 2021		City / Town: JHB Postal Code: 2196						<input type="checkbox"/> With Saturday Service	
Contact: SEVARIAN		Contact: Karobq						<input type="checkbox"/> Public Holiday Service	
Phone: 011 568 4708		Phone: 011 784 0301						<input checked="" type="checkbox"/> Economy	
Destination Country: <input checked="" type="checkbox"/> South Africa		<input type="checkbox"/> Botswana		<input type="checkbox"/> Lesotho		<input type="checkbox"/> Namibia		<input type="checkbox"/> Swaziland	
Sender's Reference: 1606		Analysis Code: 60218						<input type="checkbox"/> After Hours	
SPECIAL INSTRUCTIONS									
Bill Charges To Account No: 027766		Bill To: <input checked="" type="checkbox"/> Sender		Consignee: <input type="checkbox"/>		Other (Name Please): <input type="checkbox"/>		1. ONLINE <input type="checkbox"/>	
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 14.6 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			
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): SARAH KOZA					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): [Signature]				
Date Received: 080218		Time Received: 1321		Date Received: 080218		Time Received: 1321			
Signature: [Signature]		Signature: [Signature]		Signature: [Signature]		Signature: [Signature]			
Total Mass (Kg)									

Version: 08/2017