

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



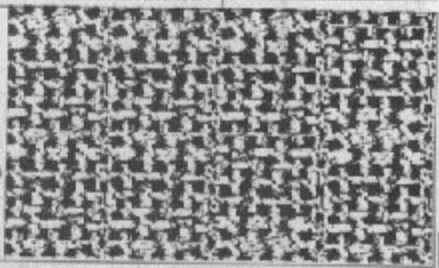
SUBBD27985592

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Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <u>LE CREUDET</u>		Company Name <u>LE CREUDET</u>						<input type="checkbox"/> Same Day	
Street Address <u>SHOP L339, 158 5th STREET, SANDHURST CITY MALL</u>		Street Address <u>UNIT 5, HERON PARK OLIVE GROVE, OLD PARADES BUSINESS PARK</u>						<input checked="" type="checkbox"/> Express	
Suburb <u>SANDHURST</u>		Suburb <u>SOMERSET WEST</u>						<input type="checkbox"/> With Sunrise Option	
City / Town <u>JHB</u> Postal Code		City / Town <u>CAPETOWN</u> Postal Code						<input type="checkbox"/> With Saturday Service	
Contact <u>KAZABO</u>		Contact <u>CLAUDE</u>						<input type="checkbox"/> Public Holiday Service	
Phone <u>011 784 0301</u>		Phone <u>021 851 7178</u>						<input 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 <input type="checkbox"/> Other (Please Specify)						<input type="checkbox"/> After Hours	
Sender's Reference <u>UT1</u>		Analysis Code						BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <u>027766</u> Bill To <input type="checkbox"/> Sender                    Consignee <input type="checkbox"/> Other <input type="checkbox"/> (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).									
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)	Total Mass (Kg)		
<u>1</u>		<u>flyer</u>							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY)					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)				
<u>J BENA DE</u>					<u>Claude</u>				
Date Received:		Time Received:		Date Received:		Time Received:		Signature	
<u>17 04 18</u>		<u>10 56</u>		<u>17 04 18</u>		<u>15 00</u>			
Signature:					Signature:				

POD COPY

16/04/08  
DATE



Version Control: (09/2017)