

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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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



SUBBD29174584

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>LEANNE RAWSON</u>		Company Name <u>SUE ADAMS</u>				<input type="checkbox"/> Same Day	
Street Address <u>5 UPLANDS ROAD</u>		Street Address <u>SINEE FARM</u>				<input checked="" type="checkbox"/> Express	
Suburb <u>BLACKRIDGE</u>		Suburb <u>PORTON 14, HAARTBEESTKRAAL</u>				<input type="checkbox"/> With Sunrise Option	
City/Town <u>PMB</u> Postal Code <u>3201</u>		City/Town <u>PARRI</u> Postal Code <u>7620</u>				<input type="checkbox"/> With Saturday Service	
Contact <u>LEANNE</u>		Contact <u>MOSES or MARION</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>033-3441162</u>		Phone <u>0634231511 or 0836398316</u>				<input type="checkbox"/> Economy	
Destination Country		South Africa		Botswana		<input type="checkbox"/> After Hours	
		Lesotho		Namibia		BLNS Customs Tariff	
		Swaziland		Other (Please Specify)			
Sender's Reference <u>UTI14537430</u>		Analysis Code				1. ONLINE <input type="checkbox"/>	
SPECIAL INSTRUCTIONS						3. EFT <input type="checkbox"/>	
Tarrif Code <u>027877</u>		Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		Total Mass (Kg)	
		Other (Name Please) <input type="checkbox"/>				2.	
		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 1000.00 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)	
<u>1</u>		<u>1</u>		<u>37</u>		<u>25</u>	
						<u>10</u>	
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
<u>JAPHET</u>				<u>SANDILE</u>			
Date Received:		Time Received:		Date Received:		Time Received:	
<u>070918</u>		<u>1345</u>		<u>050918</u>		<u>1600</u>	
Signature: <u>J</u>				Signature: <u>Sandile</u>			

POD COPY

Version Control (01/2010)

