

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



SUBBD29238255

2 2 2 E E E 2 2 2

ADDITIONAL TRACKING NUMBERS

Sender's Details Company Name: <u>KAROD LOOMS.</u> Street Address: <u>55 CHURCH STR. PRINCE ALBERT.</u> Suburb: _____ City / Town: _____ Postal Code: <u>6930.</u> Contact: <u>SOPHIA.</u> Phone: <u>023 541 1363.</u>		Consignee's Details. Full Street Address Please Company Name: <u>ALIX CLARK.</u> Street Address: <u>SWEE FARM (OFF LUSTICAN ROAD). PHARL</u> Suburb: _____ City / Town: _____ Postal Code: <u>7620.</u> Contact: <u>ALIX CLARK.</u> Phone: <u>082 885 0611</u>				Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input type="checkbox"/> Economy <input type="checkbox"/> After Hours	
Destination Country: <u>South Africa</u>		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify) _____		BLNS Customs Tariff <input type="checkbox"/>			
Sender's Reference: _____		Analysis Code: _____		1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/>			
SPECIAL INSTRUCTIONS Tariff Code: <u>027877</u> Bill To Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <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 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 _____		SENDER'S AUTHORIZED SIGNATURE: <u>[Signature]</u>		DATE: <u>5/12/18.</u>			
Total Parcels NO. OF PARCELS PER DIMENSIONS: <u>1</u>		LENGTH (CM): _____		WIDTH (CM): _____			
HEIGHT (CM): _____		Total Mass (Kg): <u>11</u>		[Barcode]			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>MOSES</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <u>[Signature]</u>		[Barcode]			
Date Received: <u>05/12/18</u>		Time Received: <u>1612</u>		Date Received: <u>04/2/18</u>			
Signature: <u>[Signature]</u>		Time Received: <u>1745</u>		Signature: <u>[Signature]</u>			

POD COPY Version Control (01/2018)