

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



SUBBD29278128

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POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Le Cuckey Garden Route</u>		Company Name <u>Le Cuckey</u>				<input type="checkbox"/> Same Day	
Street Address <u>Shop 105, Garden Route Mall</u>		Street Address <u>Unit 5, Heron Park Olive Grove</u>				<input type="checkbox"/> Express	
<u>V12 Highway, Knysna Rd</u>		<u>Old Pordelers Road</u>				<input type="checkbox"/> With Sunrise Option	
Suburb <u>George</u>		Suburb <u>Somerset West</u>				<input type="checkbox"/> With Saturday Service	
City / Town <u>George</u> Postal Code <u>6546</u>		City / Town <u>Cape Town</u> Postal Code <u>7130</u>				<input type="checkbox"/> Public Holiday Service	
Contact <u>MARVY</u>		Contact <u>CARMEN</u>				<input checked="" type="checkbox"/> Economy	
Phone <u>044 2040112</u>		Phone <u>021 8517178</u>				<input type="checkbox"/> After Hours	
Destination Country <input checked="" type="checkbox"/> South Africa <input checked="" type="checkbox"/> Botswana		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)				BLNS Customs Tariff	
Sender's Reference <u>UT16207748</u>		Analysis Code				1. ONLINE <input type="checkbox"/>	
SPECIAL INSTRUCTIONS							
Tariff Code <u>2776</u>		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>		If Consignee Or Other (Third Party) is Billed, Sender Remains Liable For Unpaid Charges.		3. EFT <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>17/01/07</u>	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
1		1 Box - Cube - Carmen		Transfer - Waterfront		HEIGHT (CM)	
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY) <u>CARMEN</u>				Name Of Courier (PLEASE PRINT CLEARLY) <u>CARMEN</u>			
Date Received: <u>18/01/07</u>		Time Received: <u>09:10</u>		Date Received: <u>17/01/07</u>		Time Received: <u>16:30</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			
Total Mass (Kg)							

