

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



SUBBD29278134

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Le Crest Garden Route</u>		Company Name <u>Le Crest South Africa</u>				<input type="checkbox"/> Same Day	
Street Address <u>Shop 105, Garden Route</u>		Street Address <u>Unit 5, Heron Park</u>				<input type="checkbox"/> Express	
<u>Mail</u>		<u>Olive Grove Industrial Estate</u>				<input type="checkbox"/> With Sunrise Option	
<u>1/2 Highway x Krupa Road</u>		<u>Old Bonteulei Road</u>				<input type="checkbox"/> With Saturday Service	
Suburb <u>George</u>		Suburb <u>Somerset West</u>				<input type="checkbox"/> Public Holiday Service	
City / Town <u>George</u> Postal Code <u>6529</u>		City / Town <u>Cape Town</u> Postal Code <u>8001</u>				<input checked="" type="checkbox"/> Economy	
Contact <u>Elzanne</u>		Contact <u>Mary - online</u>				<input type="checkbox"/> After Hours	
Phone <u>044-0040112</u>		Phone <u>021 8317178</u>				<input type="checkbox"/> BLNS Customs Tariff	
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)							
Sender's Reference <u>UTR 6495549</u>		Analysis Code					
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"/>				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 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		<u>Mary</u>		3. EFT <input type="checkbox"/>	
e-mail Address / Fax Number				<u>076012015</u>		Total Mass (Kg)	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
<input type="checkbox"/>		<u>1 Box</u>		<u>Transfer to online</u>		<input type="checkbox"/>	
Goods received in full without damage (unless endorsed)		Received By DSV					
Name Of Receiver (PLEASE PRINT CLEARLY) <u>BASIL</u>		Name Of Courier (PLEASE PRINT CLEARLY) <u>CUNO</u>					
Date Received: <u>080219</u>		Time Received: <u>1133</u>		Date Received: <u>070219</u>		Time Received: <u>1654</u>	
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>					

POD COPY

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