

CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



DSV Road (Pty) Ltd  
 U/a DSV Distribution  
 PO Box 63, The Reeds 0051  
 Tel (012) 673-2000  
 Reg. No. 2000/016342/07  
 VAT. No. 4880189685

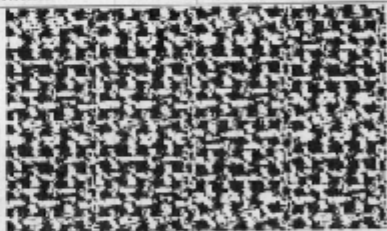


SUBBD29418145

SUBMT/4231065	
ADDITIONAL	
TRACKING	
NUMBERS	

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required	
Company Name <u>LECLERGET GDL</u>		Company Name <u>LECLERGET WATERFALL</u>					<input type="checkbox"/> Same Day	
Street Address <u>UNIT 4 - BLOCK 2</u>		Street Address <u>SHOP 101 WATERFALL MALL</u>					<input type="checkbox"/> Express	
<u>EASTGATE BUSINESS PARK</u>		<u>ANGRABIE AVENUE WATERFALL</u>					<input type="checkbox"/> With Sunrise Option	
<u>CNR MALLBORO &amp; SOUTH RD</u>							<input type="checkbox"/> With Saturday Service	
Suburb		Suburb					<input checked="" type="checkbox"/> Public Holiday Service	
City/Town <u>SANDTON</u> Postal Code		City/Town <u>LESENBURG</u> Postal Code					<input checked="" type="checkbox"/> Economy	
Contact <u>NESON</u>		Contact					<input type="checkbox"/> After Hours	
Phone <u>073 089 0149</u>		Phone					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)					1. ONLINE <input type="checkbox"/>	
Sender's Reference		Analysis Code					3. EFT <input type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS</b>								
Tariff Code <u>027766</u>		Bill To 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.								
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						
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>		
<u>2</u>		<u>BOX</u>		<u>34</u>		<u>34</u>		
		<u>BUBBLE WRAP</u>		<u>122</u>		<u>56</u>		
						<u>22</u>		
						<u>56</u>		
						<u>14</u>		
<b>Goods received in full without damage (unless endorsed)</b>				<b>Received By DSV</b>				
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)				
<u>MAVIS</u>				<u>SIBU</u>				
Date Received:		Time Received:		Date Received:		Time Received:		
<u>010219</u>		<u>1522</u>		<u>31/01/19</u>		<u>1845</u>		
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>				



Version Control (01/2019)