

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. 4860189585



SUBBD29418169

SUBBHT13464359

TRACKING
NUMBERS

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required			
Company Name: 16 CREUSET JHB		Company Name: KLOPPERS BLOEMFONTEIN				<input type="checkbox"/> Same Day			
Street Address: UNIT 4, PARKATE BUSINESS PARK, CNR MARLBORO RIVER & SOUTH RD.		Street Address: HENRY STREET, LOCH LOGAN WATERFRONT				<input type="checkbox"/> Express			
Suburb: SANDTON		Suburb: BLOEMFONTEIN				<input type="checkbox"/> With Sunrise Option			
City/Town: JHB	Postal Code: _____	City/Town: BLOEMFONTEIN	Postal Code: _____			<input type="checkbox"/> With Saturday Service			
Contact: DUCANE	Phone: 073 505 2470	Contact: _____	Phone: _____			<input type="checkbox"/> Public Holiday Service			
Destination Country: South Africa		<input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)				<input checked="" type="checkbox"/> Economy			
Sender's Reference: STOCK		Analysis Code: _____				<input type="checkbox"/> After Hours			
SPECIAL INSTRUCTIONS: FRAGILE		Bill To: <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other If Consignee Or Other (Third Party) is Billed, Sender Remains Liable For Unpaid Charges.				BLNS Customs Tariff			
TARIFF CODE: _____		CONTENTS NOT CHECKED (Handwritten: <i>all have</i>)				1. ONLINE <input type="checkbox"/>			
IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY. (SEE CLAUSE 14.14 OVERLEAF). GOODS ARE SHIPPED AT OWNERS RISK. (SEE CLAUSE 14.14 OVERLEAF). DSV DOES NOT ACCEPT LIABILITY FOR CARRIAGE OVERLEAF. DSV DOES NOT ACCEPT LIABILITY FOR SHIPMENT. (SEE CLAUSE 14.5 OVERLEAF). DSV DOES NOT ACCEPT LIABILITY TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSE 14.1 OVERLEAF).						3. EFT <input type="checkbox"/>			
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		SENDER'S AUTHORIZED SIGNATURE: _____ DATE: 12/12/2018				Total Mass (Kg)			
Total Parcels: 2 NO. OF PARCELS PER DIMENSIONS: BOXES		LENGTH (CM): 45 45		WIDTH (CM): 24 31		HEIGHT (CM): 51 48			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): BS E REY		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): HEKBIT							
Date Received: 201218		Time Received: _____		Date Received: 121218				Time Received: 1500	
Signature: _____		Signature: _____							

POD COPY

Version Control (01/2018)