

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd  
 1/4 DSV Distribution  
 PO Box 53, The Reeds 0061  
 Tel (012) 673-2000  
 Reg. No. 2000/016342/07  
 VAT. No. 4880189685



SUBBD29418192

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ADDITIONAL
TRACKING
NUMBERS

POD COPY

<b>Sender's Details</b> Company Name: LE CREUSER JHB Street Address: UNITY, ENTRIGATE BUSINESS PARK, CNR MARLBORO & SOUTH RD SANDTON City/Town: JHB Postal Code: _____ Contact: BRUNO Phone: 073 503 2670		<b>Consignee's Details. Full Street Address Please</b> Company Name: BAY TREE HOME & DECOR Street Address: SHOP 61, SOUTH COAST MALL IZOTSHA RD SHELLY BEACH City/Town: KZN Postal Code: _____ Contact: _____ Phone: 039 315 0015		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 checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours
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)		BLNS Customs Tariff		
Sender's Reference: STOCK SPECIAL INSTRUCTIONS: FRAGILE		Analysis Code: _____		
Tariff Code: _____ Bill To: <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) _____ If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.		1. ONLINE <input type="checkbox"/> 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)		SENDER'S AUTHORIZED SIGNATURE: <i>[Signature]</i> DATE: _____		
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number: _____		Total Mass (Kg): 16		
Total Parcels: 1	NO. OF PARCELS PER DIMENSIONS: BOX	LENGTH (CM): 51	WIDTH (CM): 50	HEIGHT (CM): 35
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <i>Marten</i> Marten		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <i>M/M COSY</i>		
Date Received: 09/10/18 Time Received: 0935		Date Received: 05/10/18 Time Received: 1520		
Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>		

Version Control (01/2018)