

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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DSV Road (Pty) Ltd  
t/a DSV Distribution  
PC Box 63, The Reads 0061  
Tel (012) 673-2000  
Reg. No. 2900/D16342/07  
VAT No. 4880189685



SUBBD29754882


<b>Sender's Details</b> Company Name: <u>Le Crouse Waterfall</u> Street Address: <u>Shop 101 Aurabiel Avenue, Cashan Ext 12 Waterfall Mall</u> Suburb: <u>Cashan</u> City / Town: <u>Roseburg</u> Postal Code: <u>0299</u> Contact: <u>Lerato</u> Phone: <u>014 537 2819</u>		<b>Consignee's Details. Full Street Address Please</b> Company Name: <u>Le Crouse Mall of The South</u> Street Address: <u>Shop 9062 Mall of The South C/O Kipriviedrive and Swarokoppies Road</u> Suburb: <u>Aspen Hills</u> City / Town: <u>Johannesburg</u> Postal Code: <u> </u> Contact: <u>Asa Feleci</u> Phone: <u>010 500 6223</u>				<b>Mark Service Required</b> <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 <input type="checkbox"/> BLNS Customs Tariff
Destination Country: <u>South Africa</u>		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/>		Analysis Code: <u> </u>		
Senders Reference: <u>PASTA BOWLS</u>						
<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 14.6 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 11.6 14.6 AND 14.7 OVERLEAF)						
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number <u> </u>				SENDER'S AUTHORIZED SIGNATURE: <u>[Signature]</u> DATE: <u>09/02/2018</u>		
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		
1		17		30		
<b>WIDTH (CM)</b>		<b>HEIGHT (CM)</b>		<b>Total Mass (Kg)</b>		
20		22		2		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>PATRICIA</u>			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <u>LES EGO</u>			
Date Received: <u>05/2/18</u>		Time Received: <u>10:08</u>		Date Received: <u>09/2/18</u>		
Signature: <u>[Signature]</u>		Time Received: <u>18:10</u>		Signature: <u>[Signature]</u>		

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Random Control (DIP0011)