

CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



DSV Road (Pty) Ltd
 Va DSV Distribution
 PO Box 63, The Reeds 0051
 Tel (012) 673-2000
 Reg. No. 2000/015342/07
 VAT. No. 4830189635



SUBBD29754932

Sender's Details Company Name: LE CREUET WATERFALL MAIL Street Address: SHDR 101 AUCCABE AVENUE CATHAM EST 12 Suburb: WATERFALL MAIL City/Town: RUSTENBURG Postal Code: 0299 Contact: MAMA OEBI LERATO Phone: 014 537-2279		Consignee's Details. Full Street Address Please Company Name: LE CREUET GAUTENG WATERFALL Street Address: UNIT 004 BLOCK 2 ESTATE BUSINESS PARK, ONE MALBORG DRIVE & SOUTH 205, EASTCOTE Suburb: SANDTON City/Town: TOTTENHAM Postal Code: 2195 Contact: ATT. OLIVE DAVID Phone: 021 251 7178		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: South Africa		(Please Specify)		BLNS Customs Tariff
Sender's Reference: CHERRY SALAD PLATES		Analysis Code		1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/>
SPECIAL INSTRUCTIONS Tariff Code: 027766		Bill To: <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> *Consignee Or Other (Third Party) is Billed, Sender Remains Liable For Unpaid Charges		Total Mass (Kg) 3
IF THE 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		SENDER'S AUTHORISED SIGNATURE: [Signature] DATE: 11/12/18
Total Parcels [1]	NO. OF PARCELS PER DIMENSIONS 1	LENGTH (CM) 41	WIDTH (CM) 36	HEIGHT (CM) 31
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): ZAMA		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): [Signature]		
Date Received: 12/12/18 Time Received: 09:00		Date Received: 12/12/18 Time Received: 14:09		
Signature: [Signature]		Signature: [Signature]		

POD COPY

Version Control (01/2018)