

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. 2000/015342/07
VAT. No. 4880189685



SUBBD29754935

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name <u>Le Craizer Waterfall</u>		Company Name <u>Le Craizer Gardery Warehouse</u>				<input type="checkbox"/> Same Day
Street Address <u>Shop 101</u>		Street Address <u>4 East Gate Business</u>				<input checked="" type="checkbox"/> Express
<u>1 Acacias Avenue</u>		<u>Park CNR Seach RD B</u>				<input type="checkbox"/> With Sunrise Option
<u>Cashan Exit 12</u>		<u>Marlboro drive</u>				<input type="checkbox"/> With Saturday Service
Suburb <u>Waterfall Mall</u>		Suburb <u>Sandon</u>				<input type="checkbox"/> Public Holiday Service
City / Town <u>Rozenburg</u> Postal Code <u>0299</u>		City / Town <u>Schampsburg</u> Postal Code <u> </u>				<input type="checkbox"/> Economy
Contact <u>Manager: Lerato</u>		Contact <u>Daine Davids</u>				<input type="checkbox"/> After Hours
Phone <u>011 537 2279</u>		Phone <u>021 851 7178</u>				<input type="checkbox"/> BLNS Customs Tariff
Destination Country <u>South Africa</u>		Other (Please Specify) <u> </u>				<input type="checkbox"/> 1. ONLINE
Sender's Reference <u>FILE</u>		Analysis Code <u> </u>				<input type="checkbox"/> 3. EFT
SPECIAL INSTRUCTIONS						Total Mass (Kg)
Tariff Code <u>027766</u>		Bill To <input type="checkbox"/> Sender Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>				
<p>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)</p>						1
<p>SENDER'S AUTHORIZED SIGNATURE <u>[Signature]</u> DATE <u>16/11/2018</u></p>						
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number <u> </u>						
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	
1		1/1/1	35	25	5	
Goods received in full without damage (unless endorsed)			Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY) <u>THEABUYISE</u>			Name Of Courier (PLEASE PRINT CLEARLY) <u>LES EGO</u>			
Date Received: <u>1-9-11-18</u>		Time Received: <u>0934</u>	Date Received: <u>15-11-18</u>		Time Received: <u>1435</u>	
Signature: <u>[Signature]</u>			Signature: <u>[Signature]</u>			

POD COPY

We want Control (0120078)