

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. 4880189685

SUBBD29776390

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>450 Waterfall Mall RIBURG</u>				Company Name <u>3092 Lephatale Limpopo</u>				<input type="checkbox"/> Same Day	
Street Address <u>Shop 6 Waterfall Mall</u>				Street Address <u>Lephatale Square, CNR</u>				<input type="checkbox"/> Express	
<u>40 cutsoo & Waterberg</u>				<u>Janke street</u>				<input type="checkbox"/> With Sunrise Option	
<u>SA CORPORATE</u>				<u>SA CORPORATE</u>				<input type="checkbox"/> With Saturday Service	
Suburb				Suburb				<input type="checkbox"/> Public Holiday Service	
City / Town <u>RTB</u>		Postal Code <u>0300</u>		City / Town <u>LIMPOPO</u>		Postal Code		<input checked="" type="checkbox"/> Economy	
Contact <u>TSHEPO</u>				Contact				<input type="checkbox"/> After Hours	
Phone <u>014 537 6000</u>				Phone				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country		South Africa <input checked="" type="checkbox"/>		Botswana		Lesotho		Namibia	
								Swaziland	
								Other (Please Specify)	
Sender's Reference				Analysis Code					
SPECIAL INSTRUCTIONS									
Tarrif Code <u>027528</u>		Bill To Sender <input type="checkbox"/>		Consignee <input checked="" type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE <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 14.5 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					
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT(CM)	
<u>02</u>		<u>1</u>		<u>32</u>		<u>22</u>		<u>2</u>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>FRANS</u>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>CHS ECD</u>				
Date Received: <u>230119</u>		Time Received: <u>1349</u>			Date Received: <u>220119</u>		Time Received: <u>1238</u>		
Signature:					Signature:				

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Version Control (01/2018)