

CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD30076304

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name: <u>Saco</u>	Company Name: <u>Alat Du Plessis</u>	Street Address: <u>7 Moffat Str.</u>	Street Address: <u>Bela-Bela (Wormbael)</u>
Street Address: <u>61A Wilderay Ave.</u>	Street Address: <u>Bela-Bela (Wormbael)</u>	Suburb: <u> </u>	Postal Code: <u>0480</u>
Suburb: <u>Proteapark</u>	Suburb: <u> </u>	City / Town: <u> </u>	City / Town: <u>Alat</u>
City / Town: <u>Rustenburg</u>	City / Town: <u> </u>	Contact: <u>Saco</u>	Contact: <u>Alat</u>
Contact: <u> </u>	Contact: <u> </u>	Phone: <u>082 957 8613</u>	Phone: <u>082 890 1008</u>
Phone: <u> </u>	Phone: <u> </u>	Destination Country: <u>South Africa</u>	Destination Country: <u> </u>
Destination Country: <u> </u>	Destination Country: <u> </u>	Analysis Code: <u> </u>	Analysis Code: <u> </u>

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS Customs Tariff

1. ONLINE

3. EFT

Total Mass (Kg)

POD COPY

SPECIAL INSTRUCTIONS

Tariff Code: 886899

Bill To Sender Consignee Other (Name Please)

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)

[Signature]
SENDER'S AUTHORISED SIGNATURE

02/01/2019
DATE

e-mail / Fax / Proof of Delivery e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<u>1</u>	<u>1x</u>	<u>40</u>	<u>30</u>	<u>1</u>

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY): Dakeen

Date Received: 3/1 M M Y Y

Time Received: 12:00 M

Signature: [Signature]

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY): DELIX

Date Received: 02/01/19

Time Received: 14:31

Signature: [Signature]

Version Control (01/2018)

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Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required					
Company Name <u>Saco</u>		Company Name <u>Alet Du Plessis</u>						<input type="checkbox"/> Same Day					
Street Address <u>61A Wildewy Ave.</u>		Street Address <u>7 Maffat Str. Bela-Bela (Wormbael)</u>						<input type="checkbox"/> Express					
Suburb <u>Pieterpark</u>		Suburb						<input type="checkbox"/> With Sunrise Option					
City / Town <u>Rustenburg</u> Postal Code		City / Town Postal Code <u>0480</u>						<input type="checkbox"/> With Saturday Service					
Contact <u>Saco</u>		Contact <u>Alet</u>						<input type="checkbox"/> Public Holiday Service					
Phone <u>082 957 8613</u>		Phone <u>082 890 1008</u>						<input checked="" type="checkbox"/> Economy					
Destination Country		South Africa		Botswana		Lesotho		Namibia		Swaziland		Other (Please Specify)	
Sender's Reference		Analysis Code						<input type="checkbox"/> After Hours					
SPECIAL INSTRUCTIONS													
Tarrif Code <u>886899</u>		Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE <input type="checkbox"/>		3. EFT <input type="checkbox"/>		Total Mass (Kg)	
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						SENDER'S AUTHORIZED SIGNATURE <u>[Signature]</u> DATE <u>02/01/2019</u>	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)					
1		1 X		40		30		1					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>Dajeen</u>						Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>MELIX</u>							
Date Received: <u>3/1</u> M M Y Y						Date Received: <u>02</u> D <u>01</u> M <u>19</u> Y							
Time Received: <u>12</u> H <u>00</u> M						Time Received: <u>14</u> H <u>31</u> M							
Signature: <u>[Signature]</u>						Signature: <u>[Signature]</u>							

POD COPY

Version Control (01/2018)