

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



SUBBD30151354

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S	U	B	H	T	1	3	3	1	3	4	7	4
ADDITIONAL										4	7	5
TRACKING										4	7	6
NUMBERS												

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <i>Organic Ingredients SA</i>				Company Name <i>Move Analytics (Sweet Farm)</i>				<input type="checkbox"/> Same Day	
Street Address <i>52. Circuit Street Saxenburg Park Blackheath</i>				Street Address <i>Portion 14 Paarl Paarl</i>				<input checked="" type="checkbox"/> Express	
Suburb				Suburb				<input type="checkbox"/> With Sunrise Option	
City / Town		Postal Code <i>7580</i>		City / Town		Postal Code		<input type="checkbox"/> With Saturday Service	
Contact <i>Natasha</i>				Contact <i>Alix Clark.</i>				<input type="checkbox"/> Public Holiday Service	
Phone <i>021 905 1318</i>				Phone				<input type="checkbox"/> Economy	
Destination Country		South Africa		Lesotho		Namibia		<input type="checkbox"/> After Hours	
		Botswana		Swaziland		Other (Please Specify)		<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference				Analysis Code				<input type="checkbox"/> 1. ONLINE	
<b>SPECIAL INSTRUCTIONS</b>									
Tarrif Code <i>027877</i>				Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>	
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)									
				<i>Msterhuizen</i>				<i>05.12.2018</i>	
				SENDER'S AUTHORISED SIGNATURE				DATE	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>				e-mail Address / Fax Number					
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>		<b>HEIGHT (CM)</b>	
4									
Goods received in full without damage (unless endorsed)					Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)				
<i>MUSE S</i>					<i>GAHAM</i>				
Date Received:					Date Received:				
<i>061218</i>					<i>051218</i>				
Time Received:					Time Received:				
<i>1240</i>					<i>1525</i>				
Signature: <i>[Signature]</i>					Signature: <i>[Signature]</i>				

POD COPY

Version Control (01/2018)

