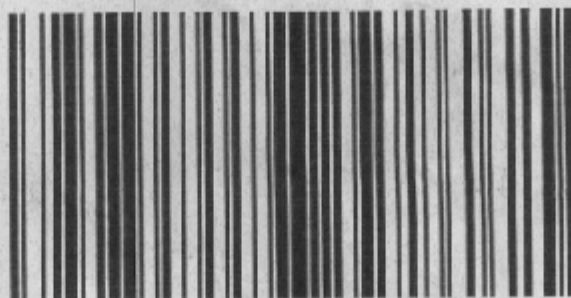


CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



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



SUBBD30450664

ADDITIONAL
TRACKING
NUMBERS

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Jonathan Clark</u>		Company Name <u>Splendidair</u>				<input type="checkbox"/> Same Day	
Street Address <u>32 Northwold Drive</u>		Street Address <u>9 Norita Crescent</u>				<input type="checkbox"/> Express	
<u>Saxonwold</u>						<input type="checkbox"/> With Sunrise Option	
<u>Johannesburg</u>						<input type="checkbox"/> With Saturday Service	
Suburb <u>Saxonwold</u>		Suburb <u>Rosendal</u>				<input type="checkbox"/> Public Holiday Service	
City/Town <u>Johannesburg</u> Postal Code <u>2196</u>		City/Town <u>Cape Town</u> Postal Code				<input checked="" type="checkbox"/> Economy	
Contact <u>Jonathan Clark</u>		Contact <u>Andrew Roy</u>				<input type="checkbox"/> After Hours	
Phone <u>083 267 6968</u>		Phone <u>021 919 9584</u>				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country <input checked="" type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)							
Sender's Reference		Analysis Code					
SPECIAL INSTRUCTIONS							
Tariff Code <u>027766</u>		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee		Other (Name Please) <input type="checkbox"/>		1. ONLINE <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)							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE <u>[Signature]</u>		DATE	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
<u>1</u>							
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY) <u>SPLendidAIR</u>				Name Of Courier (PLEASE PRINT CLEARLY) <u>Jol</u>			
Date Received: <u>020519</u>		Time Received: <u>1157</u>		Date Received: <u>230419</u>		Time Received:	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			
						Total Mass (Kg)	

POD COPY

Version Control (01/2018)

