

# 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



SUBBD29238174

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ACCOUNTS COPY

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <u>O. Rissik</u>		Company Name <u>Jennica Jansen Van Vuuren</u>						<input type="checkbox"/> Same Day	
Street Address <u>10 Senwath Ave</u>		Street Address <u>c/o Ensling (Marrismith)</u>						<input type="checkbox"/> Express	
Suburb <u>Plettenbergbaai</u>		Suburb						<input type="checkbox"/> With Sunrise Option	
City / Town <u>Agoo</u> Postal Code <u>600</u>		City / Town <u>Marrismith</u> Postal Code <u>9880</u>						<input type="checkbox"/> With Saturday Service	
Contact		Contact						<input type="checkbox"/> Public Holiday Service	
Phone <u>044 533 0487</u>		Phone <u>058 622 1001</u>						<input checked="" type="checkbox"/> Economy	
Destination Country		Other (Please Specify)						<input type="checkbox"/> After Hours	
South Africa		Botswana						<input type="checkbox"/> BLNS Customs Tariff	
Lesotho		Namibia						<input type="checkbox"/> 1. ONLINE	
Swaziland		Other						<input type="checkbox"/> 3. EFT	
Sender's Reference		Analysis Code						Total Mass (Kg)	
SPECIAL INSTRUCTIONS									
Tariff Code <u>02 7 8 7 7</u>		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)									
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>1</u>									
Goods received in full without damage (unless endorsed)					Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)				
Date Received:					Date Received:				
D D M M Y Y					H H M M				
Signature:					Signature:				
					Depot Hand In				
					Liability: Value For Loss or Damage				
					R <input type="checkbox"/>				
					Liability: (Costs Incidental To Loss, Damage Or Delay)				
					R <input type="checkbox"/>				