

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



SUBBD30087768

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ADDITIONAL
TRACKING
NUMBERS

Sender's Details Company Name: <u>LE CREUSER</u> Street Address: <u>SHOP 244</u> <u>BALLITO JUNCTION MALL</u> <u>LEONORA DRIVE, DAPHN ROSE</u> Suburb: <u>BALLITO</u> City / Town: <u>DURBAN</u> Postal Code: <u>4399</u> Contact: <u>SASHA</u> Phone: <u>032 004 0188</u>		Consignee's Details. Full Street Address Please Company Name: <u>LE CREUSER GATEWAY</u> Street Address: <u>SHOP G 158</u> <u>GATEWAY SHOPPING CENTRE</u> <u>1 PALM BOULEVARD JUMILANGA RIDGE</u> Suburb: <u>JUMILANGA</u> City / Town: <u>DURBAN</u> Postal Code: <u>4320</u> Contact: <u>CASSANDRA / NAKASSA</u> Phone: <u>031 100 1239</u>		Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy After Hours <input type="checkbox"/> BLNS <input type="checkbox"/> Customs <input type="checkbox"/> Tariff
Destination Country: <u>South Africa</u>		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other <input type="checkbox"/> (Please Specify)		
Sender's Reference: <u>UTI</u>		Analysis Code:		
SPECIAL INSTRUCTIONS <u>FRAGILE</u>				
Tariff Code:		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <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 14.6 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 <input type="text" value="1"/>	NO. OF PARCELS PER DIMENSIONS <input type="text" value="1"/> x <input type="text" value="BOX"/>	LENGTH (CM)	WIDTH (CM)	
		HEIGHT (CM)		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>CASSANDRA</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>MUS9</u>		
Date Received: <u>150119</u>		Time Received: <u>1130</u>		
Signature:		Date Received: <u>140119</u>		
Signature:		Time Received: <u>1639</u>		
Signature:		Signature: <u>BD</u>		

Total Mass (Kg)

POD COPY

Version Control (01/2018)