

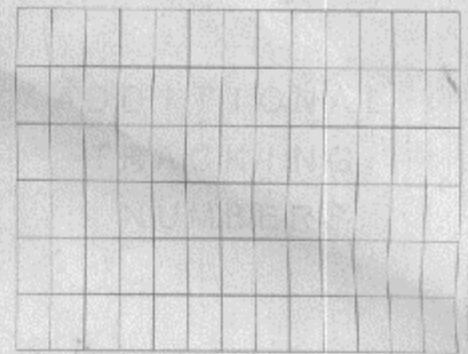
CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD25656826



POD COPY

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name: LE CREUSER		Company Name: LE CREUSER CPT		<input type="checkbox"/> Same Day	
Street Address: SHOP 03		Street Address: UNIT 01 HERON PARK		<input checked="" type="checkbox"/> Express	
Street Address: 90 WILLIAM CAMPBELL DRIVE		Street Address: OLIVE GROVE IND ESTATE		<input type="checkbox"/> With Sunrise Option	
Street Address: LA LUCIA MAIL		Street Address: OLD PAARDEVELD ROAD		<input type="checkbox"/> With Saturday Service	
Suburb: DURBAN NORTH		Suburb: SOMERSET WEST		<input type="checkbox"/> Public Holiday Service	
City / Town: DURBAN	Postal Code: 4000	City / Town: CAPE TOWN	Postal Code: 8000	<input type="checkbox"/> Economy	
Contact: ATISHA	Phone: 031 5725045	Contact: LISA	Phone: 021 8517178	<input type="checkbox"/> After Hours	
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)		<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference: UT 1		Analysis Code		<input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT	
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 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 12.4 OVERLEAF). GOODS ARE SHIPPED AT OWNERS RISK SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. DSV DISTRIBUTION LIMITS ITS LIABILITY TO R 250.00 PER SHIPMENT. (SEE CLAUSE 12.5 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 12.5, 12.6 AND 12.7 OVERLEAF).					
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		SENDER'S AUTHORIZED SIGNATURE: DATE: 26/1/18	
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1					
Goods received in full without damage (unless endorsed)		Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)			
LISA		MATTHEW			
Date Received:		Date Received:			
29/01/18		26/01/18			
Time Received:		Time Received:			
1000		1520			
Signature: Jolubeer		Signature:			
Total Mass (Kg)					