

# 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. 2000/015342/07  
VAT No. 4890189685



SUBBD27440628

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <i>La Causse Bedford</i>		Company Name <i>PRVT</i>				<input type="checkbox"/> Same Day	
Street Address <i>Shop 11/17 Bedford Centre Smithfield Road</i>		Street Address <i>10 Waterberry Drv Eborse Cold Estate</i>				<input type="checkbox"/> Express	
Suburb <i>Bedfordview</i>		Suburb <i>Benoni</i>				<input type="checkbox"/> With Sunrise Option	
City / Town <i>Benoni</i> Postal Code <i>1501</i>		City / Town <i>Benoni</i> Postal Code <i>1501</i>				<input type="checkbox"/> With Saturday Service	
Contact <i>Natasha</i>		Contact <i>Jason Etherington</i>				<input type="checkbox"/> Public Holiday Service	
Phone <i>011 6151983</i>		Phone <i>083 4970610</i>				<input checked="" type="radio"/> Economy	
Destination Country <input 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"/> After Hours	
Sender's Reference		Analysis Code				BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <input type="checkbox"/> Bill To <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 250.00 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 AUTHORIZED SIGNATURE <i>[Signature]</i>		DATE <i>20.03.18</i>	
Total Parcels <i>1</i>		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
						HEIGHT (CM)	
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY) <i>Queen</i>				Name Of Courier (PLEASE PRINT CLEARLY) <i>TRUCK</i>			
Date Received: <i>22/03/18</i>		Time Received: <i>1048</i>		Date Received: <i>2003/18</i>		Time Received: <i>1438</i>	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

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Version Control (Rev 01/17)