

# 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



SUBBD26681257

2 2 2 E E E 2 2 2


**Sender's Details**

Company Name: Metclokomps

Street Address: 3 Union Street  
off Waterfront Drive

Suburb: Knyasa

City / Town: [ ] Postal Code: 6571

Contact: Linda

Phone: 044 3820274

**Consignee's Details. Full Street Address Please**

Company Name: LeCrest South Africa

Street Address: Unit 5 Heron Park  
Olive Grove Industrial Estate  
The Interchange Somerset West

Suburb: [ ]

City / Town: Cape Town Postal Code: [ ]

Contact: 021 851 7178

Phone: [ ] Helena ↑

Destination Country: South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)

Sender's Reference: [ ] Analysis Code: [ ]

## SPECIAL INSTRUCTIONS

Bill Charges To Account No. 027766

Bill To ☐ Sender ☐ Consignee ☐ Other (Name Please) ☐

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).

SENDER'S AUTHORISED SIGNATURE

DATE

Total Mass (Kg)

**Total Parcels** **NO. OF PARCELS PER DIMENSIONS** **LENGTH (CM)** **WIDTH (CM)** **HEIGHT (CM)**

1

Box

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)

XAVIER

Date Received: 280218 Time Received: 1000

Signature: [ ]

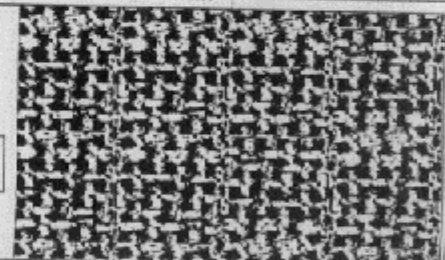
Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY)

[ ]

Date Received: 280218 Time Received: 1430

Signature: [ ]



POD COPY

Control 118/2017