

CONTRACT FOR CARRIAGE / DISPATCH NOTE

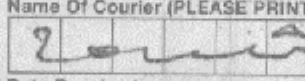
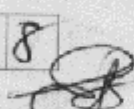


DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2000/016342/07  
VAT. No. 4880189685



SUBBD28088764

2 2 2 E E E 2 2 2


Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name	IMPALA MEATS	Company Name	LE CRUESET	<input type="checkbox"/> Same Day	
Street Address	89 WESTERN AVENUE VINCENT VINCENT	Street Address	UNIT 5 HERON PARK OLIVE GROVE INDUSTRIAL SOMERSET WEST	<input type="checkbox"/> Express	
Suburb	VINCENT	Suburb		<input type="checkbox"/> With Sunrise Option	
City / Town	EL	City / Town		<input type="checkbox"/> With Saturday Service	
Postal Code		Postal Code	7130	<input type="checkbox"/> Public Holiday Service	
Contact		Contact		<input checked="" type="checkbox"/> Economy	
Phone		Phone		<input type="checkbox"/> After Hours	
Destination Country	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		Analysis Code		1. ONLINE <input type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. 0278777 <input type="checkbox"/> Bill To 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 250.00 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 14.6 14.6 AND 14.7 OVERLEAF).					
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE  DATE 26/03/2018	
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1		1	40	30	27
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) GRUINO					
Date Received: 28/03/18		Time Received: 1050		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) 	
Signature: 		Date Received: 26/03/18		Time Received: 1600	
		Signature: 			

Total Mass (Kg)

