

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



SUBBD27438892

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name	National Displays	Company Name	LE CRUSSET			<input type="checkbox"/> Same Day	
Street Address	130 Industrial Rd Amalgam	Street Address	UNIT 5 HERON PARK OLIVE GROVE INDUSTRIAL ESTATE OLD PAARDVLEI RD			<input type="checkbox"/> Express	
Suburb		Suburb				<input type="checkbox"/> With Sunrise Option	
City / Town	718	City / Town	SOMERSET WEST CT			<input type="checkbox"/> With Saturday Service	
Contact	011 837 9131	Contact	FRANCI			<input type="checkbox"/> Public Holiday Service	
Phone	Ammed	Phone				<input checked="" type="radio"/> Economy	
Destination Country	South Africa	Lesotho	Namibia	Swaziland	Other	<input type="checkbox"/> After Hours	
Sender's Reference		Analysis Code				<input type="checkbox"/> BLNS Customs Tariff	
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 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							
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)		
2610							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) EUNINO				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) J. van			
Date Received:		Time Received:		Date Received:		Time Received:	
260318		1015		230318		1521	
Signature:				Signature:			

POD COPY

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