

DSV

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ADDITIONAL
TRACKING
NUMBERS

POD COPY

Version Control (01/2019)

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Jonathan Clark</u>		Company Name <u>Splendidair</u>				<input type="checkbox"/> Same Day	
Street Address <u>32 Northwold Drive</u>		Street Address <u>9 Norita Crescent</u>				<input type="checkbox"/> Express	
Suburb <u>Saxonwold</u>		Suburb <u>Rosendal</u>				<input type="checkbox"/> With Sunrise Option	
City/Town <u>Johannesburg</u>		City/Town <u>Cape Town</u>				<input type="checkbox"/> With Saturday Service	
Postal Code <u>2196</u>		Postal Code <u>021 919 9584</u>				<input type="checkbox"/> Public Holiday Service	
Contact <u>Jonathan Clark</u>		Contact <u>Andrew Roy</u>				<input checked="" type="checkbox"/> Economy	
Phone <u>083 267 6968</u>		Phone <u>021 919 9584</u>				<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		Analysis Code				<input type="checkbox"/> 1. ONLINE	
SPECIAL INSTRUCTIONS		Tariff Code <u>027766</u> Bill To <input checked="" type="checkbox"/> Sender Consignee <input checked="" type="checkbox"/> Consignee Other (Name Please) <input type="checkbox"/> Other				<input type="checkbox"/> 3. EFT	
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 1000.00 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 14.6 AND 14.7 OVERLEAF)		SENDER'S AUTHORIZED SIGNATURE <u>[Signature]</u> DATE <u> </u>				Total Mass (Kg) <u> </u>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number <u> </u>					
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
1						HEIGHT (CM)	
Goods received in full without damage (unless endorsed)		Received By DSV					
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)					
SPLendidAIR		Johannesburg					
Date Received:		Time Received:		Date Received:		Time Received:	
020519		1157		230419			
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>					

Revision Control (01/2018)