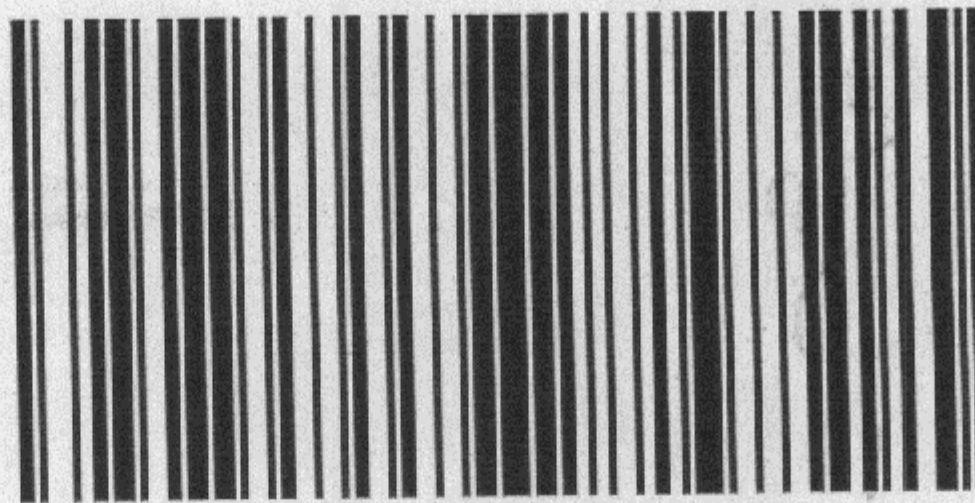


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD27059535

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: <u>Kloppers</u>		Company Name: <u>Le Creusel</u>				<input type="checkbox"/> Same Day	
Street Address: <u>Botlh Wogan</u>		Street Address: <u>Unit 5 Heron park</u>				<input type="checkbox"/> Express	
Waterfront		Oliver Groove				<input type="checkbox"/> With Sunrise Option	
Henry street		Industrial East				<input type="checkbox"/> With Saturday Service	
Suburb: <u>Bloemfontein</u>		Suburb: <u>Somerset West</u>				<input type="checkbox"/> Public Holiday Service	
City / Town: <u>Bloemfontein</u>		City / Town: <u>Somerset West</u>		Postal Code: <u>9301</u>		<input type="checkbox"/> Economy	
Contact: <u>Elizabeth</u>		Contact: <u>Helena/Gigi</u>		Phone: <u>021-8517178</u>		<input type="checkbox"/> After Hours	
Phone: <u>051-4005500</u>						<input type="checkbox"/> BLNS Customs Tariff	
Destination Country: <u>South Africa</u>		Lesotho		Namibia		<input type="checkbox"/> 1. ONLINE	
		Botswana		Swaziland		<input type="checkbox"/> 3. EFT	
				Other (Please Specify)		<input type="checkbox"/> Total Mass (Kg)	
Sender's Reference		Analysis Code					
SPECIAL INSTRUCTIONS 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							
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
1		19					
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
BASIL				MOSES			
Date Received:				Date Received:			
30 05 18				25 05 18			
Time Received:				Time Received:			
0920				1455			
Signature:				Signature:			

Version Control (08/2017)

