

CONTRACT FOR CARRIAGE / DISPATCH NOTE

777CC777



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



SUBBD29382980

COUNTS COPY

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name <i>Le Crest</i>	Company Name <i>Victor Benninga</i>	Street Address	Street Address
Street Address	Street Address	Suburb	Suburb
City / Town <i>LAT</i> Postal Code	City / Town <i>JNB</i> Postal Code	Contact	Contact
Phone	Phone		

Mark Service Required
Same Day
Express
With Sunrise Option
With Saturday Service
Public Holiday Service
Economy
After Hours
BLNS Customs Tariff

Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference	<i>Receipt 10294876</i>		Analysis Code <i>151533</i>			

SPECIAL INSTRUCTIONS

Tariff Code *027877* 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 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 14.5, 14.6 AND 14.7 OVERLEAF).

[Signature] SENDER'S AUTHORISED SIGNATURE *14/08/18* DATE

1. ONLINE	<input type="checkbox"/>
3. EFT	<input type="checkbox"/>

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)
<input type="checkbox"/>				

Total Mass (Kg)

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY) *SU SITHOLE*

Date Received: *14/08/18* Time Received: *13:01*

Signature:

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY)

Date Received: *DDMMYY* Time Received: *HHMM*

Signature:

Depot Hand In

Liability: Value For Loss or Damage R

Liability: (Costs Incidental) To Loss, Damage Or Delay R

Version Control (01/2018)