

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



SUBBD27059524

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POD COPY

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required											
Company Name	Kloppers	Company Name	Lye-Groenvald	<input type="checkbox"/> Same Day											
Street Address	Loch Wogan	Street Address	Unit 5 Heron Park	<input type="checkbox"/> Express											
Suburb	Waterfront 30	Suburb	Oliver Groove	<input type="checkbox"/> With Sunrise Option											
City / Town	Henry Street	City / Town	Industrial East	<input type="checkbox"/> With Saturday Service											
Postal Code	Bloemfontein	Postal Code	Someraset West	<input type="checkbox"/> Public Holiday Service											
Contact	Elizbeth	Contact	Gigi Yolanda	<input type="checkbox"/> Economy											
Phone	051-4005500	Phone	021-8517178	<input type="checkbox"/> After Hours											
Destination Country	South Africa	Destination Country	Lesotho	<input type="checkbox"/> BLNS Customs Tariff											
Sender's Reference		Analysis Code		<input type="checkbox"/> 1. ONLINE											
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															
SENDER'S AUTHORISED SIGNATURE DATE 09/03/2018															
Total Mass (Kg)															
<table border="1"> <thead> <tr> <th>Total Parcels</th> <th>NO. OF PARCELS PER DIMENSIONS</th> <th>LENGTH (CM)</th> <th>WIDTH (CM)</th> <th>HEIGHT (CM)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	1				
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)											
1															
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) ELV / NO			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) TUBA 15												
Date Received: 12/03/18 Time Received: 10:05			Date Received: 09/03/18 Time Received: 08:50												
Signature:			Signature:												