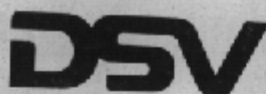


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD29411406

2 2 2 E E E 2 2 2

ADDITIONAL
TRACKING
NUMBERS

Sender's Details

Company Name: SHIEE FARM
Street Address: PAARL
Suburb: PAARL
City / Town: PAARL
Postal Code: 7646
Contact: ALIX
Phone:

Consignee's Details. Full Street Address Please

Company Name: MARION AND SUE
Street Address: 5 UPLANDS RA
Suburb: BLACKRIAGE
City / Town: PELTAMMITSBURG
Postal Code: 3201
Contact: SUE
Phone: 082 895 8980

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS
Customs
Tariff

1. ONLINE

3. EFT

Total Mass (Kg)

SPECIAL INSTRUCTIONS

Tariff Code

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)

e-mail / Fax / Proof of Delivery ☐ e-mail Address / Fax Number

SENDER'S AUTHORISED SIGNATURE

DATE

Total Parcels

NO. OF PARCELS
PER DIMENSIONS

LENGTH (CM)

WIDTH (CM)

HEIGHT (CM)

Goods received in full without damage (unless endorsed)
Name Of Receiver (PLEASE PRINT CLEARLY)

M. HANSEN

Date Received:

18/10/18

Time Received:

1200

Signature:

M. Hansen

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY)

DSV

Date Received:

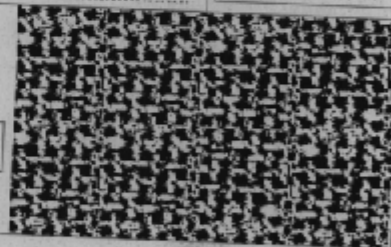
16/10/18

Time Received:

0821

Signature:

[Signature]



POD COPY