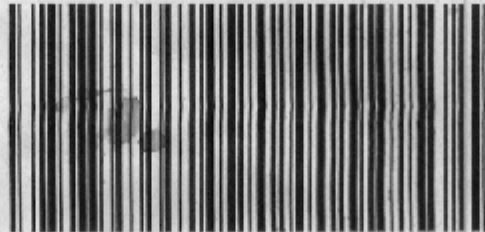


CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



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



SUBBD30131654

ADDITIONAL
TRACKING
NUMBERS

Sender's Details Company Name <u>ALIX</u> Street Address <u>SWEE FARM</u> <u>PAARL</u> Suburb <u>PAARL</u> City/Town <u>CAPE TOWN</u> Postal Code <u>836805154</u> Contact <u>0836805154</u> Phone <u>0118803212</u> 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) _____ Sender's Reference _____ Analysis Code _____		Consignee's Details. Full Street Address Please Company Name <u>JEN CLARIC</u> Street Address <u>35 DOUGLAS AVENUE</u> <u>GRAIG HALL</u> <u>2196</u> Suburb _____ City/Town <u>JOHANNESBURG</u> Postal Code <u>2196</u> Contact <u>0834495772</u> Phone <u>0118803212</u> (Please Specify) _____ Analysis Code _____		Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input type="checkbox"/> Economy <input type="checkbox"/> After Hours <input type="checkbox"/> BLNS Customs Tariff 1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/> Total Mass (Kg) _____
SPECIAL INSTRUCTIONS Tariff Code <u>027 877</u> Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> 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 <input type="checkbox"/> e-mail Address / Fax Number _____ 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) <u>ALIX</u> Date Received: <u>120819</u> Time Received: <u>1007</u> Signature: <u>[Signature]</u>				
Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>ENRICO</u> Date Received: <u>080219</u> Time Received: <u>11440</u> Signature: _____				

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Version Control (01/2015)