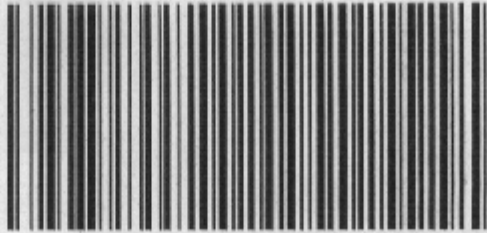


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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. 4880189585



SUBBD29350940

ADDITIONAL
TRACKING
NUMBERS

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name: <u>Am solutions</u>		Company Name: <u>Am Solutions</u>		<input type="checkbox"/> Same Day	
Street Address: <u>13 MAPHUZI</u>		Street Address: <u>7 DEIFI</u>		<input type="checkbox"/> Express	
<u>Crescent</u>				<input type="checkbox"/> With Sunrise Option	
Suburb: <u>Sidwathwa</u>		Suburb: <u>MALBANO</u>		<input type="checkbox"/> With Saturday Service	
City/Town: <u>Mthatha</u> Postal Code: <u>5410</u>		City/Town: <u>SHB</u> Postal Code: <u>5410</u>		<input type="checkbox"/> Public Holiday Service	
Contact: <u>Sonjalo</u>		Contact: <u>Moratuwa</u>		<input checked="" type="radio"/> Economy	
Phone: <u>0836534288</u>		Phone: <u>0115315300</u>		<input type="checkbox"/> After Hours	
Destination Country: <u>South Africa</u>		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)		BLHS Customs Tariff	
Sender's Reference: <u> </u>		Analysis Code: <u> </u>		1. ONLINE <input type="checkbox"/>	
SPECIAL INSTRUCTIONS					
Tariff Code: <u> </u>		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>		3. EFT <input type="checkbox"/>	
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 Mass (Kg)	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)	
1		81		43	
				36	
Goods received in full without damage (unless endorsed)		Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)			
<u>GEORGES</u>		<u>TNULANZ</u>			
Date Received:		Time Received:			
<u>110219</u>		<u>0830</u>			
Signature: <u> </u>		Signature: <u> </u>			