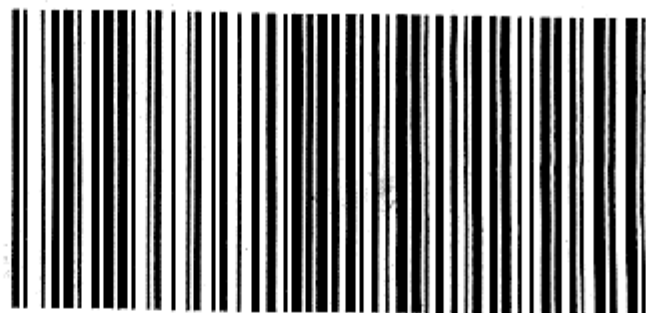


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD27648350

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name <u>LE CREUSSE HOBART GROVE</u>		Company Name <u>4 REYNOLDS VIEW ROAD</u>		<input type="checkbox"/> Same Day	
Street Address <u>SHOP G1</u> <u>CNR HOBART &</u> <u>GROSVENOR ROAD</u>		Street Address <u>BEACON BAY</u>		<input type="checkbox"/> Express	
Suburb <u>BRYANSTON</u>		Suburb <u>EAST LONDON</u>		<input type="checkbox"/> With Sunrise Option	
City / Town <u>JNB</u> Postal Code <u>2021</u>		City / Town <u>EAST LONDON</u> Postal Code <u>5241</u>		<input type="checkbox"/> With Saturday Service	
Contact <u>SEVARIAN</u>		Contact <u>SINALO PASIYA</u>		<input type="checkbox"/> Public Holiday Service	
Phone <u>011 568 4708</u>		Phone <u>061 930 3668</u>		<input checked="" type="checkbox"/> Economy	
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)				<input type="checkbox"/> After Hours	
Sender's Reference		Analysis Code		BLNS Customs Tariff	
SPECIAL INSTRUCTIONS Bill Charges To Account No. <u>027766</u> Bill To <input checked="" type="checkbox"/> Sender <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		1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/>	
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<u>1</u>					
Goods received in full without damage (unless endorsed)		Received By DSV		Total Mass (Kg)	
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)			
<u>T Mensiwe</u>		<u>S. Cas</u>			
Date Received:		Date Received:			
<u>190615</u>		<u>150618</u>			
Time Received:		Time Received:			
<u>1651</u>		<u>1302</u>			
Signature: <u>T.S</u>		Signature: <u>[Signature]</u>			

POD COPY