

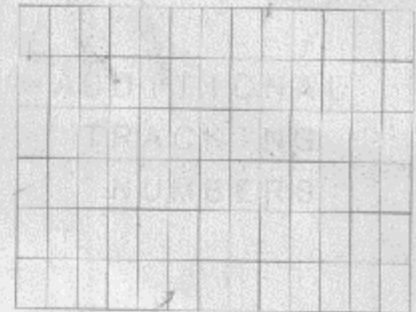
CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
 t/a DSV Distribution
 PO Box 63, The Roads 0061
 Tel (012) 673-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4260213873



SUBBD25396620



POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Leereusel</u>		Company Name <u>Leereusel Mall of Africa</u>				<input type="checkbox"/> Same Day	
Street Address <u>Shop 318</u> <u>c/o Veal & Fersen</u> <u>Brooklyn Mall</u>		Street Address <u>Shop 2010</u> <u>c/o Ben Schoeman & Alkade Id</u> <u>Waterfall Estate</u> <u>Mall of Africa</u>				<input type="checkbox"/> Express	
Suburb <u>Brooklyn</u>		Suburb <u>Mall of Africa</u>				<input type="checkbox"/> With Sunrise Option	
City / Town <u>Pretoria</u> Postal Code <u>2840</u>		City / Town <u>Gauteng</u> Postal Code <u></u>				<input type="checkbox"/> With Saturday Service	
Contact <u>fatman</u>		Contact <u>emma</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>012 346 2840</u>		Phone <u>011 568 2097</u>				<input checked="" type="checkbox"/> Economy	
Destination Country <u>South Africa</u>		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other <input type="checkbox"/> (Please Specify)				<input type="checkbox"/> After Hours	
Sender's Reference <u>UTII1494440</u>		Analysis Code <u></u>				BLNS Customs Tariff <input type="checkbox"/>	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <u>027766</u>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>	
IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER (SEE CLAUSE 12.4 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 12.5 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 12.5, 12.6 AND 12.7 OVERLEAF).							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number <u></u>					
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
<u>1</u>		<u>Box</u>		<u></u>		<u></u>	
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY) <u>SHARON</u>				Name Of Courier (PLEASE PRINT CLEARLY) <u>DWIGHT</u>			
Date Received: <u>22 03 18</u>		Time Received: <u>11 28</u>		Date Received: <u>22 03 18</u>		Time Received: <u>16 25</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			
						Total Mass (Kg)	
						<u></u>	

20-03-18/18
DATE

