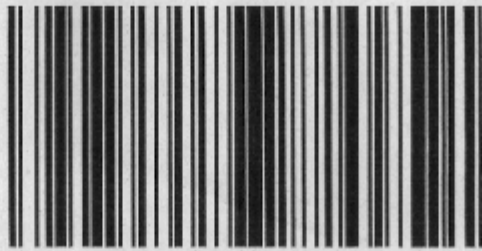


CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



DSV Road (Pty) Ltd
 1/a DSV Distribution
 PO Box 63, The Reeds 0061
 Tel (012) 673-2000
 Reg. No. 2000/016342/07
 VAT. No. 4880189685

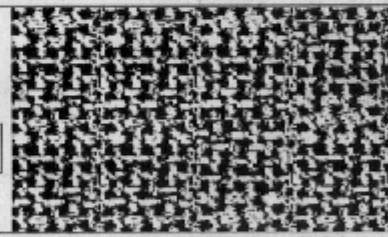


SUBBD27059639

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name: <u>Kloppers</u>		Company Name: <u>Le-Craze DC</u>						<input type="checkbox"/> Same Day	
Street Address: <u>Loch Logan Waterfront Henry Street Bloemfontein</u>		Street Address: <u>Unit 4 Eastgate Business Park c/o R Marlboro Drive and South Rd. Sandton</u>						<input type="checkbox"/> Express	
Suburb: <u>Bloemfontein</u>		Suburb: <u>Sandton</u>						<input type="checkbox"/> With Sunrise Option	
City/Town: <u>Bloemfontein</u> Postal Code: <u>9301</u>		City/Town: <u>Sandton</u> Postal Code: <u>2191</u>						<input type="checkbox"/> With Saturday Service	
Contact: <u>Elizabeth</u>		Contact: <u>073 545 533</u>						<input type="checkbox"/> Public Holiday Service	
Phone: <u>051 4005500</u>		Phone: <u>021 857179</u>						<input type="checkbox"/> Economy	
Destination Country: <u>South Africa</u>		Destination Country: <u>South Africa</u>						<input type="checkbox"/> After Hours	
Sender's Reference: <u></u>		Analysis Code: <u></u>						<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. <u></u>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE <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 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 <u></u>			
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
<u>1</u>		<u></u>		<u></u>		<u></u>		<u></u>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>RUBEN</u>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>Edmond</u>				
Date Received: <u>220219</u>					Date Received: <u>220219</u>				
Time Received: <u>0908</u>					Time Received: <u>151408</u>				
Signature: <u>[Signature]</u>					Signature: <u>[Signature]</u>				

POD COPY

Total Mass (Kg)



Version Control (08/2017)