

CONTRACT FOR CARRIAGE / DISPATCH NOTE

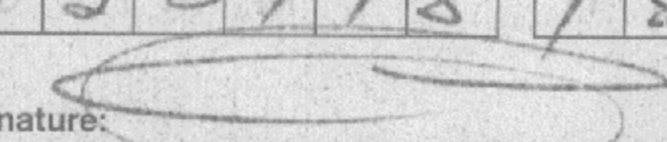


DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT. No. 4880189685



SUBBD27187614

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required										
Company Name <i>Le Crause t Sandton</i>		Company Name <i>Le Crause t</i>				<input type="checkbox"/> Same Day										
Street Address <i>Sandton City Shopping Centre Shop L339, Sandhurst Sandton</i>		Street Address <i>Unit 6, Heron Park, Olive Grove, Old Paardekui Road</i>				<input checked="" type="checkbox"/> Express										
Suburb <i>Sandton</i>		Suburb <i>Somerset West</i>				<input type="checkbox"/> With Sunrise Option										
City / Town <i>JHB</i>	Postal Code	City / Town <i>Cape Town</i>	Postal Code			<input type="checkbox"/> With Saturday Service										
Contact <i>Karabo</i>		Contact <i>Senna</i>				<input type="checkbox"/> Public Holiday Service										
Phone <i>(011) 784-0301</i>		Phone <i>(021) 851 7178</i>				<input type="checkbox"/> Economy										
Destination Country		Destination Country				<input type="checkbox"/> After Hours										
South Africa		Botswana Lesotho Namibia Swaziland Other (Please Specify)				<input type="checkbox"/> BLNS Customs Tariff										
Sender's Reference <i>UT298477095</i>		Analysis Code				<input type="checkbox"/> 1. ONLINE										
SPECIAL INSTRUCTIONS																
Bill Charges To Account No. <i>027766</i>		Bill To <input type="checkbox"/> Sender <input checked="" type="checkbox"/> 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 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).																
				 SENDER'S AUTHORISED SIGNATURE		12/01/2018 DATE										
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number														
Total Mass (Kg)																
<table border="1"> <thead> <tr> <th>Total Parcels</th> <th>NO. OF PARCELS PER DIMENSIONS</th> <th>LENGTH (CM)</th> <th>WIDTH (CM)</th> <th>HEIGHT (CM)</th> </tr> </thead> <tbody> <tr> <td><i>1</i></td> <td><i>FLYER</i></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	<i>1</i>	<i>FLYER</i>			
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)												
<i>1</i>	<i>FLYER</i>															
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <i>JENNA</i>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <i>Crause</i>												
Date Received: <i>15/01/18</i>		Time Received: <i>10:28</i>		Date Received: <i>12/01/18</i>		Time Received: <i>15:30</i>										
Signature: 				Signature: 												

POD COPY

Version Control (08/2017)