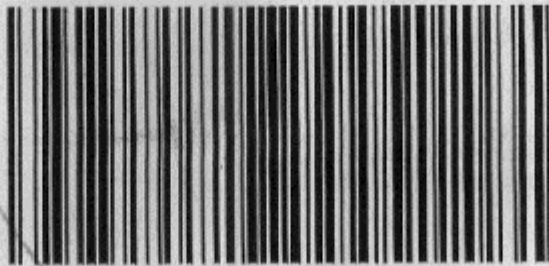


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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. 4880189685



SUBBD27555092

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required				
Company Name <i>Le Geusel Baywest</i>		Company Name <i>Le Geusel Warehouse</i>					<input type="checkbox"/> Same Day				
Street Address <i>Ln 43 Lower level Baywest Mall, Nz, Walker Drive</i>		Street Address <i>Unit 5, Heron Park Ore gate, industrial estate, dd parklands road</i>					<input type="checkbox"/> Express				
Suburb <i>Walker Drive</i>		Suburb <i>Somerset west</i>					<input type="checkbox"/> With Sunrise Option				
City / Town <i>P.E</i> Postal Code <i>6001</i>		City / Town <i>Cape Town</i> Postal Code <i>7100</i>					<input type="checkbox"/> With Saturday Service				
Contact <i>Keri</i>		Contact <i>Lauren / Carmen</i>					<input type="checkbox"/> Public Holiday Service				
Phone <i>041 004 0011</i>		Phone <i>04 251 7178</i>					<input checked="" type="checkbox"/> Economy				
Destination Country		(Please Specify)					<input type="checkbox"/> After Hours				
South Africa		Botswana Lesotho Namibia Swaziland Other					BLNS Customs Tariff				
Sender's Reference		Analysis Code					1. ONLINE <input type="checkbox"/>				
SPECIAL INSTRUCTIONS Bill Charges To Account No. <input type="checkbox"/> Bill To 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 14.6 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						SENDER'S AUTHORISED SIGNATURE <i>[Signature]</i> DATE					
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)		Total Mass (Kg)	
1		1		36		25		1		1	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <i>ELUINO</i>						Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <i>ANTONNE</i>					
Date Received: <i>040418</i>						Time Received: <i>0910</i>					
Signature: <i>[Signature]</i>						Signature: <i>[Signature]</i>					

POD COPY

Version Control (03/2017)

