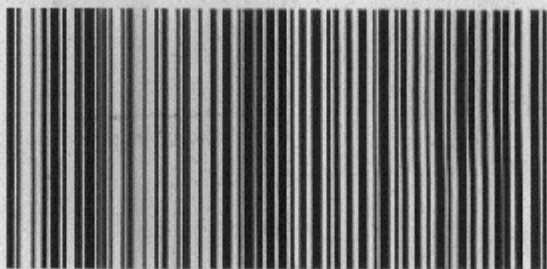


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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



SUBBD27892940

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required		
Company Name: MARGOT STOWE		Company Name: LECRUESSET					<input type="checkbox"/> Same Day		
Street Address: 5 DISA AVENUE KOMMETTIE		Street Address: Unit 5 Heron Park OLIVE GLOVE					<input type="checkbox"/> Express		
Suburb: _____		Suburb: Somerset West					<input type="checkbox"/> With Sunrise Option		
City / Town: _____ Postal Code: 7975		City / Town: _____ Postal Code: _____					<input type="checkbox"/> With Saturday Service		
Contact: _____		Contact: _____					<input type="checkbox"/> Public Holiday Service		
Phone: _____		Phone: _____					<input checked="" type="checkbox"/> Economy		
Destination Country: <input 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: _____					<input type="checkbox"/> BLNS Customs Tariff		
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. _____		Bill To: <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) _____		If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.		<input type="checkbox"/> 1. ONLINE			
<p>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).</p>									
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number: _____						<input type="checkbox"/> 3. EFT	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
1									
Goods received in full without damage (unless endorsed)				Received By DSV					
Name Of Receiver (PLEASE PRINT CLEARLY): ERNIMO				Name Of Courier (PLEASE PRINT CLEARLY): Shawn					
Date Received: 250718		Time Received: 0920		Date Received: 240118		Time Received: 1250			
Signature:				Signature:					

POD COPY

Version Control: (08/2017)