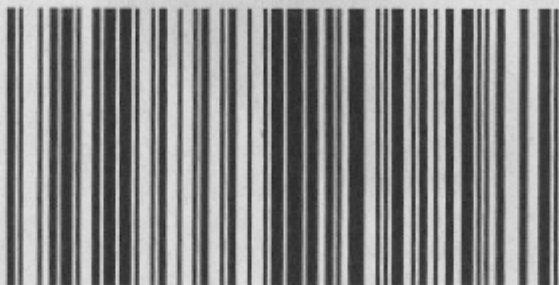


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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



SUBBD28622514

ADDITIONAL TRACKING NUMBERS									

POD COPY

Sender's Details			Consignee's Details. Full Street Address Please							Mark Service Required
Company Name <u>Garden Route Logistics</u>			Company Name <u>Le Crecet South Africa</u>							<input type="checkbox"/> Same Day
Street Address <u>Shop 105 Garden Route Mall, N2 Highway x Krugers Road.</u>			Street Address <u>Unit 1 Heaven Park Olive Grove Industrial Estate Old Pandevlei Road</u>							<input type="checkbox"/> Express
Suburb <u>George</u>			Suburb <u>Somerset West</u>							<input type="checkbox"/> With Sunrise Option
City / Town <u>George</u>		Postal Code <u>6546</u>		City / Town <u>CAPE TOWN</u>			Postal Code <u>8001</u>		<input type="checkbox"/> With Saturday Service	
Contact <u>Mandy</u>			Contact <u>Jacqueline Benade</u>							<input type="checkbox"/> Public Holiday Service
Phone <u>044-0040112</u>			Phone <u>021-881 7178</u>							<input checked="" type="checkbox"/> Economy

Destination Country	<input checked="" 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)
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Sender's Reference UT13827981 Analysis Code

SPECIAL INSTRUCTIONS

Tarif Code Bill To Sender Consignee Other (Name Please)

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 1000.00 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)

Mandy SENDER'S AUTHORISED SIGNATURE 16/07/2018 DATE

e-mail / Fax / Proof of Delivery e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT(CM)
<input type="text" value="1"/>	<u>1 X Flybox</u>			

Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>J BENADE</u>			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>CE-INT-CON</u>		
Date Received: <u>17 07 18</u>		Time Received: <u>0933</u>		Date Received: <u>16 07 18</u>	
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>		[Barcode]	

After Hours

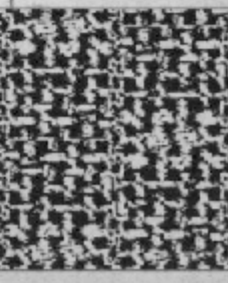
BLNS Customs Tariff

1. ONLINE

3. EFT

Total Mass (Kg)

Total Mass (Kg)



Version Control (01/2016)