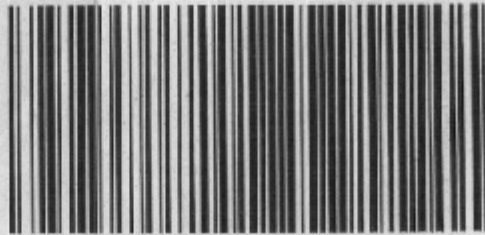


CONTRACT FOR CARRIAGE / DISPATCH NOTE

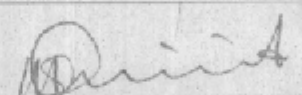
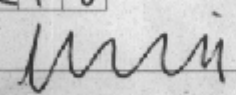



DSV Road (Pty) Ltd.
t/a DSV Distribution
PO Box 63, The Reeds 0051
Tel (012) 673-2000
Reg. No. 2000/01542/07
VAT No. 4880189685



SUBBD29757887

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name DSV CENTURION		Company Name Light Station Studio		<input type="checkbox"/> Same Day	
Street Address 1 MANN ROAD		Street Address 20 Belgrave Street		<input type="checkbox"/> Express	
LOUWALDIA				<input type="checkbox"/> With Sunrise Option	
Suburb CENTURION		Suburb Baysnton		<input type="checkbox"/> With Saturday Service	
City / Town PTA Postal Code 2196		City / Town JNB Postal Code 2191		<input type="checkbox"/> Public Holiday Service	
Contact QUERIES DEPT		Contact Simon		<input type="checkbox"/> Economy	
Phone 012 673 20070		Phone 011 7066928		<input type="checkbox"/> After Hours	
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)				<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference LECRSD5114581		Analysis Code		<input type="checkbox"/> 1. ONLINE	
SPECIAL INSTRUCTIONS CHANGE OF ADDRESS A/DORATION				<input type="checkbox"/> 3. EFT	
Tariff Code 027766 Bill To <input checked="" 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					
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 R1000.00 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 AUTHORIZED SIGNATURE		06/12/18 DATE	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number				Total Mass (Kg)	
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	9
2	2	35	35	30	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) CLAUDE FERRANDI		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) 			
Date Received: 061218		Date Received: 1615			
Signature: 		Signature: 			

POD COPY

Version Control 10/12/2018