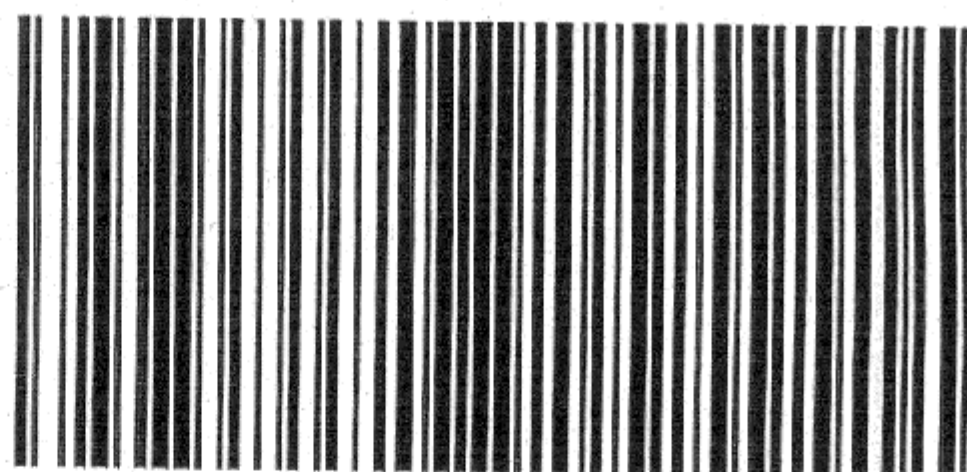


# CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD27890406

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|   |   |   |   |   |   |   |   |

| Sender's Details    |                | Consignee's Details. Full Street Address Please |                     |
|---------------------|----------------|---|---------------------|
| Company Name        | PRIONTEX.      | Company Name                                    | HUMANSDORP HOSPITAL |
| Street Address      | 23 LESTER ROAD | Street Address                                  | Du PLESSIS STREET.  |
| Suburb              | WYNBERG.       | Suburb  | HUMANSDORP          |
| City / Town         | CAPE T.        | City / Town                                     | E. CAPE             |
| Postal Code         | 7800           | Postal Code                                     | 6300                |
| Contact             | KEHE           | Contact   | MANDISA MANTLA      |
| Phone               | 021 797 1878   | Phone   | 073 242 8648        |
| Destination Country | South Africa   | Lesotho   | Namibia             |
| Botswana            | Swaziland      | Other   | (Please Specify)    |
| Sender's Reference  | Analysis Code  |   |                     |

## SPECIAL INSTRUCTIONS

Bill Charges To Account No. 027877

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 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).

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

## Total Parcels

NO. OF PARCELS PER DIMENSIONS

LENGTH (CM)

WIDTH (CM)

HEIGHT (CM)

1

1

29

27

4

INV 949027

Total Mass (K)

0,4

Goods received in full without damage (unless endorsed)  
Name Of Receiver (PLEASE PRINT CLEARLY)

MANDISA MANTLA

Date Received:

12/04/18

Time Received:

11h40

Signature:

Letta

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY)

STE PHEV

Date Received:

11/04/18

Time Received:

1530

Signature:

RS