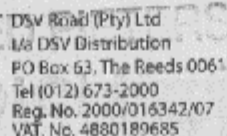


2 2 2 E E E' 2 2 2

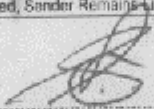




SUBBD28297915

ADDITIONAL
TRACKING
NUMBERS

[illegible]

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name PHOTOCX		Company Name Medi Clinic Pharmacy				<input type="checkbox"/> Same Day	
Street Address 35 Leeka Road		Street Address Limpopo Medi Clinic Pharmacy				<input type="checkbox"/> Express	
Suburb		Suburb Potlwaro 0699				<input type="checkbox"/> With Sunrise Option	
City/Town SHEPPHARSONG		City/Town Potlwaro 0699				<input type="checkbox"/> With Saturday Service	
Postal Code 021991878		Postal Code				<input type="checkbox"/> Public Holiday Service	
Contact		Contact				<input type="checkbox"/> Economy	
Phone		Phone				<input type="checkbox"/> After Hours	
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"/> BLN5 Customs Tariff	
Sender's Reference		Analysis Code				1. ONLINE <input type="checkbox"/>	
SPECIAL INSTRUCTIONS Tariff Code 027766 Bill To <input type="checkbox"/> Sender Consigned <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 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 AUTHORISED SIGNATURE 						DATE 10.05.18	
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)							
1							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) JOSEPH				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) STEPHEN			
Date Received: 140518				Date Received: 100518			
Time Received: 0915				Time Received: 1245			
Signature: 				Signature: 			

Version Control [01/2018]