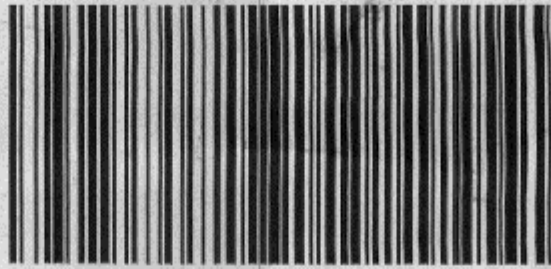


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD27219385

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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name <u>LE CREUET WATERFALL</u>		Company Name <u>LE CREUET WAREHOUSE</u>		<input type="checkbox"/> Same Day	
Street Address <u>SH100 101</u>		Street Address <u>UNIT 03 HERON PARK</u>		<input checked="" type="checkbox"/> Express	
<u>1 AUGRABIES AVENUE</u>		<u>OLIVE GROVE INDUSTRIAL ESTATE</u>		<input type="checkbox"/> With Sunrise Option	
<u>CASHAN EXT 12</u>		<u>OLD PARADEUR RD</u>		<input type="checkbox"/> With Saturday Service	
Suburb <u>WATERFALL MOELL</u>		Suburb <u>SOMERSET WEST</u>		<input type="checkbox"/> Public Holiday Service	
City / Town <u>RUSTENBURG</u> Postal Code <u>0299</u>		City / Town <u>CAPE TOWN</u> Postal Code <u>7130</u>		<input type="checkbox"/> Economy	
Contact <u>MANAGER MERATO</u>		Contact <u>ATTN VICKY</u>		<input type="checkbox"/> After Hours	
Phone <u>014 537-2279</u>		Phone <u>021 851 7178</u>		<input type="checkbox"/> BLNS Customs Tariff	
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)		Analysis Code		<input type="checkbox"/> 1. ONLINE	
Sender's Reference <u>FILE</u>				<input type="checkbox"/> 3. EFT	
SPECIAL INSTRUCTIONS					
Bill Charges To Account No. <u>027766</u>		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>		Total Mass (Kg)	
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).		SENDER'S AUTHORISED SIGNATURE <u>A. Mune</u>		DATE <u>02/05/2018</u>	
		e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number			
Total Parcels <u>1</u>		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM) <u>A3</u>	
				WIDTH (CM)	
				HEIGHT (CM)	
Goods received in full without damage (unless endorsed)		Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY) <u>Madeira</u>		Name Of Courier (PLEASE PRINT CLEARLY) <u>LES ECU</u>			
Date Received: <u>040518</u>		Date Received: <u>020518</u>			
Time Received: <u>0940</u>		Time Received: <u>1331</u>			
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>			