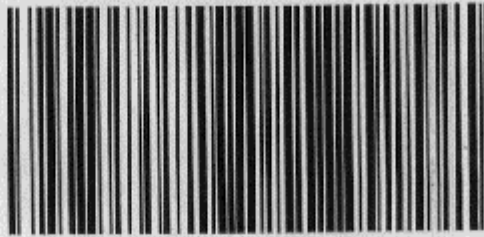


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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. 2000/015342/07  
VAT No. 4880189635



NO COR SUBBD27907584


POD COPY

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name	MOVE ANALYTICS	Company Name	JESSICA DUGUID
Street Address	SWEET FARM PAARL	Street Address	10 CHROOM STREET
Suburb		Suburb	
City / Town	PAARL	City / Town	TZANEEN
Postal Code	7620	Postal Code	
Contact	BILL MCINTOSH	Contact	TREVOR (AVUXENI)
Phone	0828850611	Phone	084 600 3504

Destination Country	<del>South Africa</del>	Botswana	Lesotho	Namibia	Swaziland	Other	(Please Specify)
---------------------	-------------------------	----------	---------	---------	-----------	-------	------------------

Sender's Reference	FOR BILL PERSONAL	Analysis Code	
--------------------	-------------------	---------------	--

<b>SPECIAL INSTRUCTIONS</b>			
Bill Charges To Amount No	027766	Bill To	Consignee
		Sender	Other (Name Please)

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 R250.00 PER SHIPMENT (SEE CLAUSE 14.6 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).

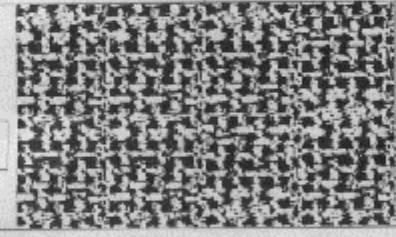
e-mail / Fax / Proof of Delivery	<input type="checkbox"/>	e-mail Address / Fax Number	
----------------------------------	--------------------------	-----------------------------	--

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1	1	20	10	8

1. ONLINE	<input type="checkbox"/>
3. EFT	<input type="checkbox"/>
Total Mass (Kg)	
0.125	

Goods received in full without damage (unless endorsed)	
Name Of Receiver (PLEASE PRINT CLEARLY)	
DUGUID	
Date Received:	Time Received:
Signature:	

Received By DSV	
Name Of Courier (PLEASE PRINT CLEARLY)	
BS	
Date Received:	Time Received:
090518	1535
Signature:	



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. 2009/016342/07  
VAT No. 4880189685



2 2 2 E E E 2 2 2

NO COR SUBBD27907584


Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name: <b>MOVE ANALYTICS</b>		Company Name: <b>JESSICA DUGUID</b>		<input type="checkbox"/> Same Day	
Street Address: <b>SWEET FARM PAARL</b>		Street Address: <b>10 CHROOM STREET</b>		<input checked="" type="checkbox"/> With Sunrise Option	
Suburb:		Suburb:		<input type="checkbox"/> With Saturday Service	
City / Town: <b>PAARL</b> Postal Code: <b>7620</b>		City / Town: <b>TZANEEN</b> Postal Code:		<input type="checkbox"/> Public Holiday Service	
Contact: <b>BILL MCINTOSH</b>		Contact: <b>TREVOR (AMAXENI)</b>		<input type="checkbox"/> Economy	
Phone: <b>0828850611</b>		Phone: <b>084 600 2504</b>		<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"/> BLHS Customs Tariff	
Sender's Reference: <b>FOR BILL PERSONAL</b>		Analysis Code:		1. ONLINE <input type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <b>027766</b> Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <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 R 200.00 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 <input type="checkbox"/> e-mail Address / Fax Number					
Total Parcels: <b>1</b>		NO. OF PARCELS PER DIMENSIONS: <b>1</b>		LENGTH (CM): <b>20</b>	
				WIDTH (CM): <b>10</b>	
				HEIGHT (CM): <b>8</b>	
				Total Mass (Kg): <b>0.125</b>	
Goods received in full without damage (unless endorsed)		Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY): <b>DUGUID</b>		Name Of Courier (PLEASE PRINT CLEARLY): <b>BS</b>			
Date Received: <b>100518</b> Time Received: <b>1005</b>		Date Received: <b>090518</b> Time Received: <b>1535</b>			
Signature:		Signature:			