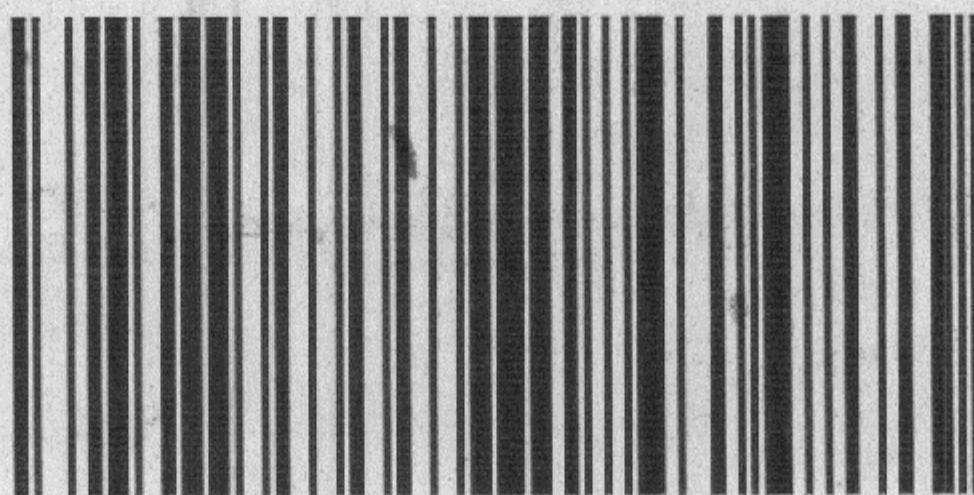


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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. 2000/016342/07
VAT. No. 4880189685



SUBBD28817483

ADDITIONAL									
TRACKING									
NUMBERS									

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Toga Kuge</u>				Company Name <u>Le Gravel</u>				<input type="checkbox"/> Same Day	
Street Address <u>2 Kerkstraat</u>				Street Address <u>Unit 5</u>				<input type="checkbox"/> Express	
Suburb <u>Sunelkda</u>				Suburb <u>Olden Grove Industrial Estate</u>				<input type="checkbox"/> With Sunrise Option	
City / Town <u>Sydenham</u> Postal Code <u>6140</u>				City / Town <u>Somerset West</u> Postal Code <u>7200</u>				<input type="checkbox"/> With Saturday Service	
Contact <u>082 553 6921</u>				Contact <u>Mary</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>082 553 6921</u>				Phone <u>021 851 7178</u>				<input checked="" type="checkbox"/> Economy	
Destination Country		South Africa		Botswana		Lesotho		Namibia	
								Swaziland	
								Other (Please Specify)	
Sender's Reference				Analysis Code				After Hours	
SPECIAL INSTRUCTIONS									
Tariff Code <u>027877</u>				Bill To <input type="checkbox"/> Sender		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 1000.00 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		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
<u>1</u>									
<div> <div> Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>Yolanda</u> </div> <div> Date Received: <u>250518</u> </div> <div> Time Received: <u>0850</u> </div> <div> Signature: <u>[Signature]</u> </div> </div> <div> <div> Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>HATHEEL</u> </div> <div> Date Received: <u>240518</u> </div> <div> Time Received: <u>1240</u> </div> <div> Signature: <u>[Signature]</u> </div> </div>									
Total Mass (Kg)									

Version Control (01/2018)