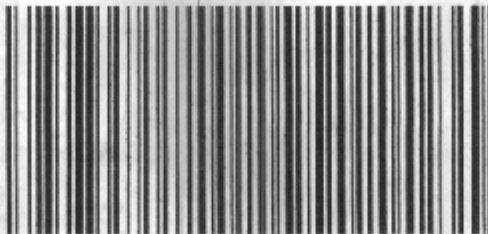


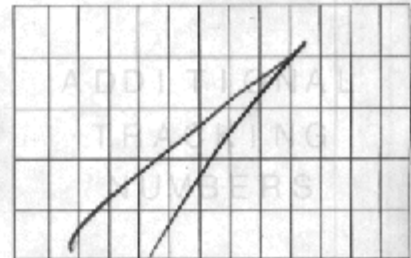


DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2000/016342/07  
VAT No. 4980189685



SUBBD29200921

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ACCOUNTS COPY

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name <u>ATM for P/S</u>		Company Name <u>ATM for warehouse</u>		<input type="checkbox"/> Same Day	
Street Address <u>6 Feyslaan</u>		Street Address <u>7 Duyn MR</u>		<input type="checkbox"/> Express	
Suburb <u>Mababur</u>		Suburb <u>Kurvin</u>		<input type="checkbox"/> With Sunrise Option	
City / Town <u>P/S</u> Postal Code <u>4240</u>		City / Town <u>JHB</u> Postal Code _____		<input type="checkbox"/> With Saturday Service	
Contact _____		Contact <u>Georries</u>		<input checked="" type="checkbox"/> Public Holiday Service	
Phone _____		Phone _____		<input checked="" type="checkbox"/> Economy	
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"/> After Hours	
Sender's Reference _____		Analysis Code _____		<input type="checkbox"/> BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>					
Tariff Code <u>027766</u>		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) _____		<input type="checkbox"/> 1. ONLINE	
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 _____		<input type="checkbox"/> 3. EFT	
Total Parcels <u>1</u>		NO. OF PARCELS PER DIMENSIONS		Total Mass (Kg) <u>19kg</u>	
LENGTH (CM) <u>83</u>		WIDTH (CM) <u>41</u>			
HEIGHT (CM) <u>68</u>					
Goods received in full without damage (unless endorsed)		Received By DSV		Depot Hand In	
Name Of Receiver (PLEASE PRINT CLEARLY) _____		Name Of Courier (PLEASE PRINT CLEARLY) <u>Buizure</u>		Liability: Value For Loss or Damage <input type="checkbox"/>	
Date Received: <u>DDMMYY</u>		Time Received: <u>HHMM</u>		Liability: (Costs incidental To Loss, Damage Or Delay) <input checked="" type="checkbox"/>	
Signature: _____		Signature: _____		R _____	