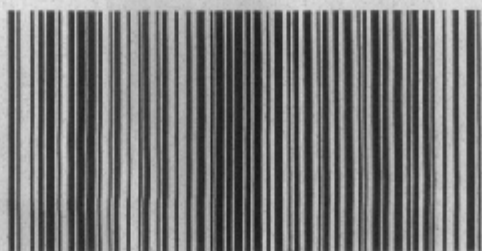


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD27599209

2 2 2 E E E 2 2 2


<b>Sender's Details</b> Company Name: <u>Sweet farm</u> Street Address: _____ Suburb: _____ City / Town: <u>Paarl</u> Postal Code: <u>7646</u> Contact: <u>Alex</u> Phone: <u>083 6395376</u>		<b>Consignee's Details. Full Street Address Please</b> Company Name: <u>ROMAN WILLIAMS</u> Street Address: <u>c/o Block C, Oracle Brokers</u> <u>Angly Rd, Corner 3rd Ave</u> <u>Parktown</u> Suburb: _____ City / Town: <u>JNB</u> Postal Code: _____ Contact: <u>Tern Reizman</u> Phone: _____		Mark Service Required: <input type="checkbox"/> Same Day <input checked="" type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input type="checkbox"/> Economy After Hours: _____ BLN5 Customs Tariff: _____
Destination Country: <u>South Africa</u>		(Please Specify) _____		
Sender's Reference: _____		Analysis Code: _____		
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <u>027877</u> Bill To 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 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>[Signature]</u> DATE: <u>15.03.18</u>				
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number: _____		Total Mass (Kg): _____		
Total Parcels: <u>1</u>	NO. OF PARCELS PER DIMENSIONS: _____	LENGTH (CM): _____	WIDTH (CM): _____ HEIGHT (CM): _____	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>DIANE KANKISSER</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <u>[Signature]</u>		
Date Received: <u>160318</u>	Time Received: <u>0949</u>	Date Received: <u>150818</u>	Time Received: <u>1730</u>	
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>		

POD COPY

Version Control: (05/2017)