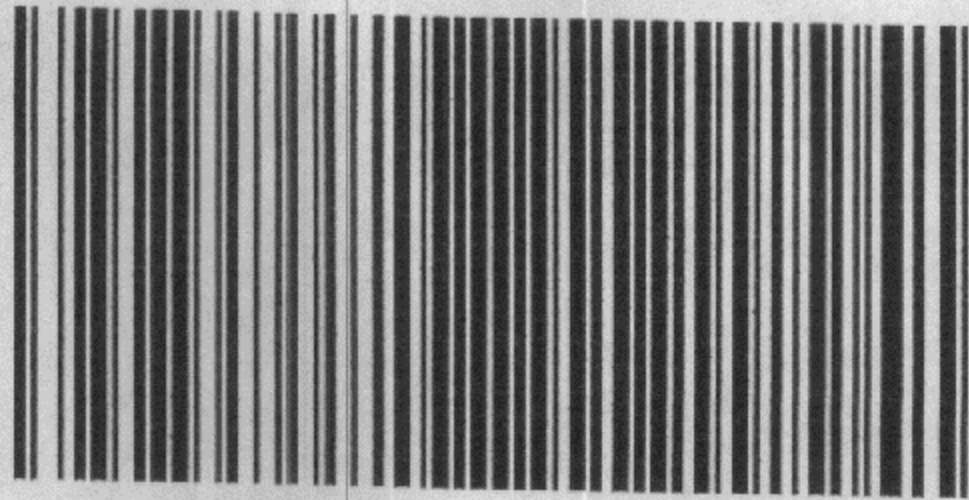


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD27707680

777CCC777

S	4	B	H	1	0	9	9	1
1	4	7	6					

COUNTS COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required			
Company Name <u>Arm solutions</u>		Company Name <u>Arm solutions</u>				<input type="checkbox"/> Same Day			
Street Address <u>13 mapuzi Crescent</u>		Street Address <u>2 Delphi</u>				<input type="checkbox"/> Express			
Suburb <u>Sidwadwa</u>		Suburb <u>MALBORO</u>				<input type="checkbox"/> With Sunrise Option			
City / Town <u>Mthatha</u> Postal Code <u></u>		City / Town <u>JHB</u> Postal Code <u></u>				<input type="checkbox"/> With Saturday Service			
Contact <u>Sonwabo</u>		Contact <u>Moratuwa</u>				<input type="checkbox"/> Public Holiday Service			
Phone <u>0826534758</u>		Phone <u>0115315000</u>				<input checked="" type="checkbox"/> Economy			
Destination Country		South Africa		Botswana		Lesotho			
		Namibia		Swaziland		Other (Please Specify)			
Sender's Reference		Analysis Code							
SPECIAL INSTRUCTIONS Bill Charges To Account No. <u></u> 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 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).									
e-mail / Fax / Proof of Delivery <input type="checkbox"/>				e-mail Address / Fax Number					
Total Parcels <div style="border: 1px solid black; width: 40px; height: 40px; text-align: center; line-height: 40px;">2</div>		NO. OF PARCELS PER DIMENSIONS <div style="border: 1px solid black; width: 40px; height: 40px; text-align: center; line-height: 40px;">1</div>		LENGTH (CM) <div style="border: 1px solid black; width: 40px; height: 40px; text-align: center; line-height: 40px;">80</div>		WIDTH (CM) <div style="border: 1px solid black; width: 40px; height: 40px; text-align: center; line-height: 40px;">40</div>			
				HEIGHT (CM) <div style="border: 1px solid black; width: 40px; height: 40px; text-align: center; line-height: 40px;">66</div>					
				<div style="border: 1px solid black; width: 40px; height: 40px; text-align: center; line-height: 40px;">34</div>		<div style="border: 1px solid black; width: 40px; height: 40px; text-align: center; line-height: 40px;">24</div>			
						<div style="border: 1px solid black; width: 40px; height: 40px; text-align: center; line-height: 40px;">50</div>			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <div style="border: 1px solid black; width: 100px; height: 20px;"></div>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <div style="border: 1px solid black; width: 100px; height: 20px;"></div>				Depot Hand In Liability: Value For Loss or Damage R <input type="checkbox"/>	
Date Received: <div style="border: 1px solid black; width: 100px; height: 20px;"></div>				Date Received: <div style="border: 1px solid black; width: 100px; height: 20px;"></div>				Liability: (Costs Incidental) To Loss, Damage Or Delay R <input type="checkbox"/>	
Time Received: <div style="border: 1px solid black; width: 100px; height: 20px;"></div>				Time Received: <div style="border: 1px solid black; width: 100px; height: 20px;"></div>					
Signature:				Signature:					

Total Mass (Kg)

45