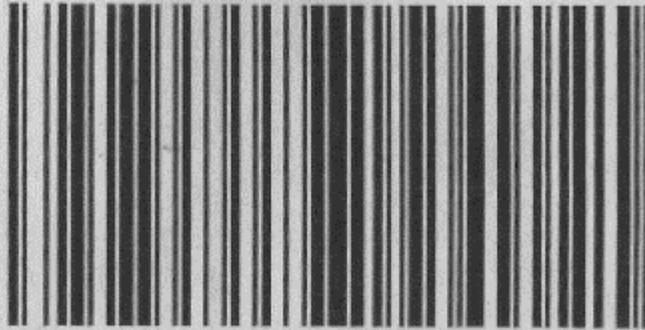


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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



SUBBD28459255

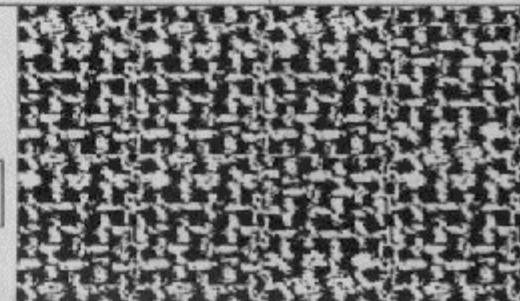
Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Themba Nkosi Pharm</u>				Company Name <u>Mary</u>				<input type="checkbox"/> Same Day	
Street Address <u>Shop no 8</u>				Street Address <u>Unit 5, Olive Grove</u>				<input type="checkbox"/> Express	
<u>Cambridge Centre</u>				<u>Industrial Estate</u>				<input type="checkbox"/> With Sunrise Option	
<u>Manguzi</u>				<u>Old paardevlei Road</u>				<input type="checkbox"/> With Saturday Service	
Suburb <u>Cambridge Centre</u>				Suburb				<input type="checkbox"/> Public Holiday Service	
City / Town <u>Manguzi</u>		Postal Code <u>3973</u>		City / Town <u>Somerset West</u>		Postal Code <u>7200</u>		<input checked="" type="checkbox"/> Economy	
Contact <u>Anne</u>				Contact <u>Mary</u>				<input type="checkbox"/> After Hours	
Phone <u>082 851 3728</u>				Phone <u>021 851 7178</u>				<input type="checkbox"/> BENS Customs Tariff	
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)		Analysis Code					
Sender's Reference <u>MTI2298384</u>									
SPECIAL INSTRUCTIONS									
Tarrif Code <u>027877</u>		<input type="checkbox"/> Bill To Sender		<input type="checkbox"/> Consignee		<input type="checkbox"/> Other (Name Please)		<u>7/5/18</u>	
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>		<u>1</u>		<u>31</u>		<u>x 25</u>		<u>x 32</u>	
Goods received in full without damage (unless endorsed)				Received By DSV					
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)					
<u>Yolanda</u>				<u>CPHCH</u>					
Date Received:		Time Received:		Date Received:		Time Received:			
<u>090518</u>		<u>0925</u>		<u>070518</u>		<u>1401</u>			
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>					

POD COPY

1. ONLINE	<input type="checkbox"/>
3. EFT	<input type="checkbox"/>

Total Mass (Kg)

2



Version Control (01/2016)