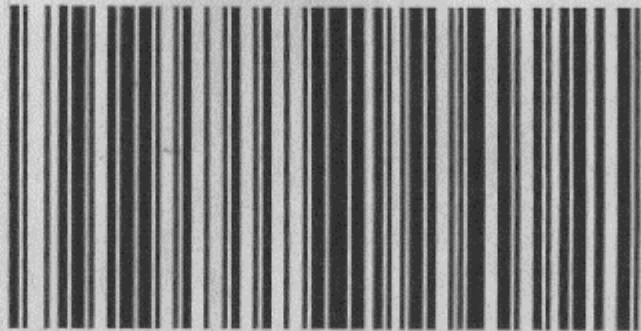


# CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD28459255

2 2 2 E E E 2 2 2

ADDITIONAL  
TRACKING  
NUMBERS

## Sender's Details

## Consignee's Details. Full Street Address Please

Mark  
Service Required

Company Name Thembankosi Pharm  
Street Address Shop no 8  
Cambridge Centre  
Manguzi  
Suburb Cambridge Centre  
City / Town Manguzi Postal Code 3973  
Contact Andre  
Phone 082 851 3728

Company Name Mary  
Street Address Unit 5, Olive Grove  
Industrial Estate  
Old paardevlei Road  
Suburb  
City / Town Somerset West Postal Code 7200  
Contact Mary  
Phone 021 851 7178

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BENS  
Customs  
Tariff

Destination Country

☒ South Africa

☐ Botswana

☐ Lesotho

☐ Namibia

☐ Swaziland

☐ Other

(Please Specify)

Sender's Reference

UTI2298384

Analysis Code

## SPECIAL INSTRUCTIONS

Tariff Code

027877

Bill To  
Sender ☐

Consignee ☐

Other  
(Name Please) ☐

7/5/18

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)

SENDER'S AUTHORISED SIGNATURE

DATE

07/05/18

1. ONLINE ☐

3. EFT ☐

Total Mass (Kg)

e-mail / Fax / Proof of Delivery ☐

e-mail Address / Fax Number

Total Parcels

NO. OF PARCELS  
PER DIMENSIONS

LENGTH (CM)

WIDTH (CM)

HEIGHT (CM)

1

1

31

X

25

X

32

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)

Yolanda

Date Received:

09/05/18

Time Received:

0925

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY)

CPHCH

Date Received:

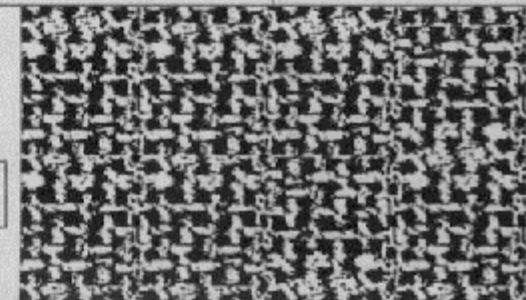
07/05/18

Time Received:

1401

Signature:

Signature:



POD COPY

Version Control (01/2018)