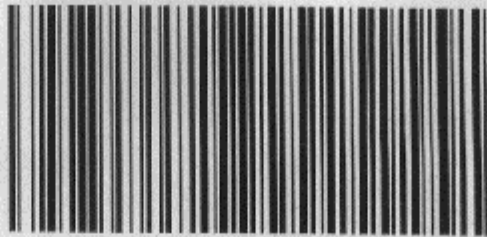


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
17a DSV Distribution
PO Box 63, The Reeds 0061
Tel: (012) 673-2000
Reg. No. 2000/016342/07
VAT No. 4880189685



SUBBD27443466

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name: LE CREWET NICOLWAY		Company Name: Le Crewet Clearwater		<input type="checkbox"/> Same Day	
Street Address: WILLIAM NICKOL DRIVE		Street Address: Shop umozoa Clearwater mall		<input type="checkbox"/> Express	
Suburb: BRYANSTON		Suburb: Clearwater		<input type="checkbox"/> With Sunrise Option	
City / Town: JNB Postal Code: 2196		City / Town: JHB Postal Code: 1513		<input type="checkbox"/> With Saturday Service	
Contact: ZAULE NGWENYA		Contact: DSV		<input type="checkbox"/> Public Holiday Service	
Phone: 011 706 2193		Phone: 		<input 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: UT10952028		Analysis Code: 		<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To <input checked="" 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.				<input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT	
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 AUTHORIZED SIGNATURE: Phoka DATE: 01/03/18	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number 				Total Mass (Kg) 	
Total Parcels 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) TSWOL			
Date Received: 02/03/18 Time Received: 1433		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Joseph		Date Received: 04/03/18 Time Received: 1645	
Signature: [Signature]		Signature: [Signature]			

POD COPY

Version Control (08/2017)