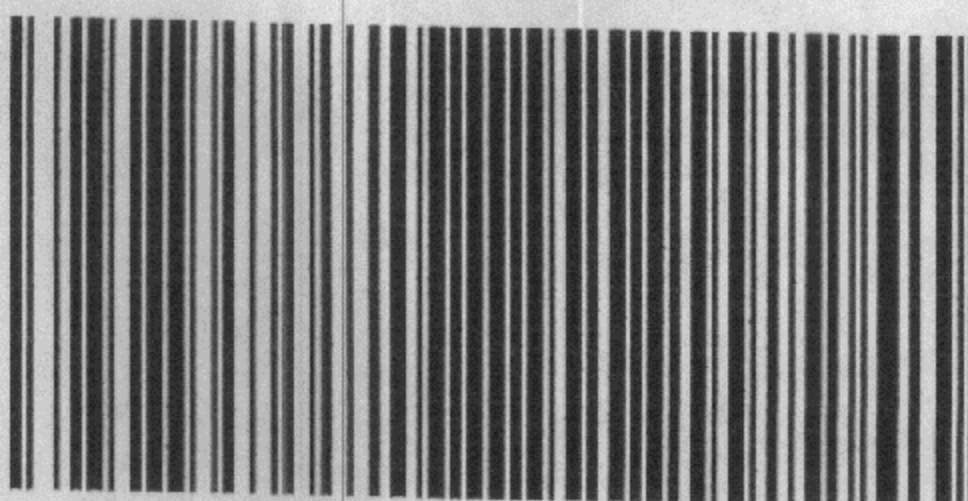


DSV

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


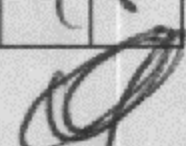


SUBBD27707680

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S4BH10991
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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>7 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>5</u>				City / Town <u>JHB</u> Postal Code <u></u>				<input type="checkbox"/> With Saturday Service	
Contact <u>Sonwabo</u>				Contact <u>Movetwira</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>083634758</u>				Phone <u>0115315000</u>				<input checked="" type="checkbox"/> Economy	
Destination Country		South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)	<input type="checkbox"/> After Hours	
Sender's Reference <u></u>				Analysis Code <u></u>				<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS Bill Charges To Account No. <u></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>12-03-18</u> DATE		Total Mass (Kg) <u>45</u>	
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; margin: 0 auto; text-align: center; line-height: 40px;">2</div>		NO. OF PARCELS PER DIMENSIONS <u>1</u>		LENGTH (CM) <u>80</u> <u>34</u>		WIDTH (CM) <u>40</u> <u>24</u>		HEIGHT (CM) <u>66</u> <u>30</u>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">T O B I</div>				Depot Hand In Liability: Value For Loss or Damage <input type="checkbox"/> Liability: (Costs Incidental To Loss, Damage Or Delay) <input type="checkbox"/>	
Date Received: <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">0 0 M M Y Y</div>				Date Received: <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">1 2 0 3 1 8</div>					
Signature: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				Signature: 				Time Received: <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">0 9 4 0</div>	