

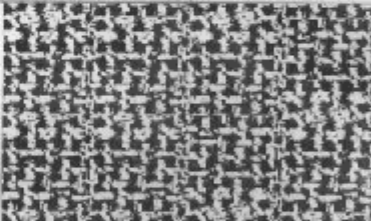
DSV

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. 4880189585



2 2 2 E E E 2 2 2

SUB HT 12064685

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <u>Aram Solutions</u>		Company Name <u>Aram Solutions</u>						<input type="checkbox"/> Same Day	
Street Address <u>13 m aprzi Crescent</u>		Street Address <u>7 Melphie</u>						<input type="checkbox"/> Express	
Suburb <u>Sidwaddwa</u>		Suburb <u>Mallero</u>						<input type="checkbox"/> With Sunrise Option	
City/Town <u>Mthatha</u> Postal Code _____		City/Town <u>JHB</u> Postal Code _____						<input type="checkbox"/> With Saturday Service	
Contact <u>Sonwabo</u>		Contact <u>pwith</u>						<input checked="" type="checkbox"/> Economy <input checked="" type="checkbox"/>	
Phone <u>0826534252</u>		Phone <u>0115315000</u>						<input type="checkbox"/> After Hours	
Destination Country <u>South Africa</u>		<u>Botswana</u>	<u>Lesotho</u>	<u>Namibia</u>	<u>Swaziland</u>	<u>Other</u> (Please Specify)		<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference _____		Analysis Code _____							
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. [] [] [] [] [] []		Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE <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 260.00 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>[Signature]</u>						DATE <u>30-04-18</u>		Total Mass (Kg) <u>44</u>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number _____							
Total Parcels <u>2</u>	NO. OF PARCELS PER DIMENSIONS 1	* LENGTH (CM) 79	X	WIDTH (CM) 46	X	HEIGHT(CM) 64			
	1	35	X	25	X	53			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>JOHANNES</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>TORBI</u>					
Date Received: <u>04 05 18</u>		Time Received: <u>1030</u>		Date Received: <u>30 04 18</u>		Time Received: <u>0900</u>			
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>					

GOOD COPY

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