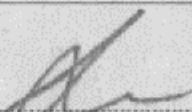

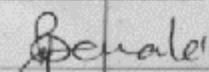


## DSV



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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>DCC</b>		Company Name <b>Le Grange</b>				<input type="checkbox"/> Same Day	
Street Address <b>107 Milky Way</b>		Street Address <b>OL HENON PARK</b>				<input type="checkbox"/> Express	
Suburb <b>LINBRO PARK</b>		Suburb <b>OLIVE GROVE INDUSTRIAL</b>				<input type="checkbox"/> With Sunrise Option	
City / Town <b>JHB</b> Postal Code <b>2001</b>		City / Town <b>SOMERSET WEST</b> Postal Code <b>2146</b>				<input type="checkbox"/> With Saturday Service	
Contact <b>SHIRAZ</b>		Contact <b>VICKY</b>				<input checked="" type="checkbox"/> Economy	
Phone <b>021 851 2178</b>		Phone <b>021 851 2178</b>				<input type="checkbox"/> After Hours	
Destination Country		South Africa		Botswana		Lesotho	
		Namibia		Swaziland		Other (Please Specify)	
Sender's Reference		Analysis Code				BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <b>027766</b> Bill To <input 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.							
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 				DATE <b>05/06/18</b>			
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) <b>J BENADE</b>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>Allen</b>			
Date Received: <b>110618</b>		Time Received: <b>1000</b>		Date Received: <b>080618</b>		Time Received: <b>1500</b>	
Signature: 				Signature: 