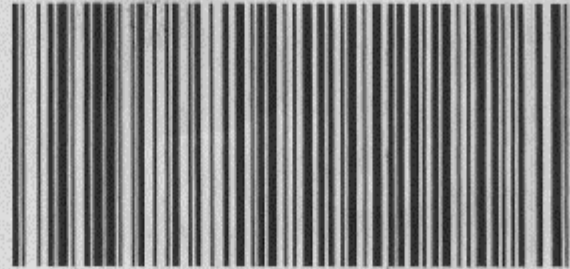


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
 t/a DSV Distribution  
 PO Box 63, The Reeds 0061  
 Tel (012) 673-2000  
 Reg. No. 2004/015747/07  
 VAT Reg. No. 4260213873



SUBBD25131651


POD COPY

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name	LE CREUSET HEAD OFFICE	Company Name	LE CREUSET CANAL WALK
Street Address	UNIT 5, HERON PA OLIVE GROVE IND. ESTATE OLD PAARDEVLEI RD	Street Address	SHOP 176 CANAL WALK SHOP CNTR LOWER GROUND LEVEL
Suburb	SOMERSET WEST	Suburb	CENTURY CITY
City / Town	CPT	City / Town	CPT
Postal Code	7190	Postal Code	7441
Contact	JASHIN FRASER	Contact	LIZE-MARIE VERME
Phone	021 851 7178	Phone	021 551 0225

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)	
Sender's Reference	P05009					Analysis Code	

**SPECIAL INSTRUCTIONS**

Bill Charges To Account No.

Bill To  Sender  Consignee  Other (Name Please)

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 12.4 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 12.5 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 12.5, 12.6 AND 12.7 OVERLEAF).

SENDER'S AUTHORISED SIGNATURE DATE

Economy

After Hours

BLNS Customs Tariff

1. ONLINE

3. EFT

e-mail / Fax / Proof of Delivery  e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<input type="text" value="1"/>				

Total Mass (Kg)

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)  
 VAN GRAAN

Date Received:  Time Received:

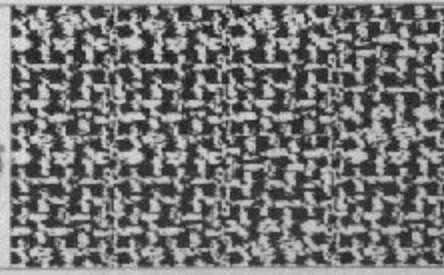
Signature: (unchecked)

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY)  
 COECC

Date Received:  Time Received:

Signature:



CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
 1/4 UTI Distribution  
 PO Box 63, The Reeds 0061  
 Tel: (012) 673-2000  
 Reg. No. 2004/016747/07  
 VAT Reg. No. 4260213873



SUBBD21848869

SUBHT12467774


POD COPY

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>VOLPES INSIDE CORICRAFT</b> <b>2ND FLOOR</b>				Company Name <b>VOLPES CANAL WALK</b> <b>SHOP 563</b>				<input type="checkbox"/> Same Day	
Street Address <b>14 KRAMER ROAD</b> <b>KRAMERVILLE</b>				Street Address <b>CANAL WALK SHOPPING CENTRE</b>				<input checked="" type="checkbox"/> Express	
Suburb <b>SANDTON</b>				Suburb				<input type="checkbox"/> With Sunrise Option	
City / Town <b>JNB</b>		Postal Code <b>2090</b>		City / Town <b>CAPE TOWN (CPT)</b>		Postal Code <b>7441</b>		<input type="checkbox"/> With Saturday Service	
Contact <b>ZETHU</b> Phone <b>010 125 0940</b>				Contact <b>MANAGER</b> Phone <b>021 555 4140</b>				<input type="checkbox"/> Public Holiday Service	
Destination Country		South Africa <input checked="" type="checkbox"/>		Botswana		Lesotho		Namibia	
								Swaziland	
								Other (Please Specify)	
Sender's Reference				Analysis Code				<input type="checkbox"/> BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>									
Bill Charges To Account No. <b>043084</b>		Bill To <input checked="" type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		<input type="checkbox"/> Depot Hand In	
IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER. (SEE CLAUSE 12.14 OVERLEAF). GOODS ARE SHIPPED AT OWNER'S RISK, SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. UTI DISTRIBUTION LIMITS ITS LIABILITY TO R 250.00 PER SHIPMENT. (SEE CLAUSE 12.5 OVERLEAF). IF YOU WISH UTI DISTRIBUTION TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSE 12.5.12.6 AND 12.7 OVERLEAF).									
				<b>SENDER'S AUTHORISED SIGNATURE</b>				<b>DATE</b>	
				<i>[Signature]</i>				<b>7/6/18</b>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number									
<b>Total Parcels</b>		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
<b>2</b>									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY)					Received By UTI Name Of Courier (PLEASE PRINT CLEARLY)				
Name Of Receiver <b>KAYLIN</b>					Name Of Courier <b>BETTY</b>				
Date Received:		Time Received:			Date Received:		Time Received:		
<b>12/06/18</b>		<b>13:00</b>			<b>07/06/18</b>		<b>16:30</b>		
Signature: <i>[Signature]</i>					Signature: <i>[Signature]</i>				

**Total Mass (Kg)**

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



SUBBD27747519

2 2 2 E E E 2 2 2


Sender's Details

Consignee's Details. Full Street Address Please

Company Name **CSQUARED MENLYN**

Company Name **CSQUARED CANALWALK**

Street Address **SHOP UF338B  
 CNR LOIS AVENUE**

Street Address **554 CANALWALK**

**& ATTERBURY ROAD**

Suburb **MENLYN PARK**

Suburb **CAPE TOWN**

City / Town **PTA** Postal Code

City / Town Postal Code **7925**

Contact **MANAGER**  
 Phone **012 348 3071**

Contact **ALL STAFF**  
 Phone **021 555 1905**

Destination Country: South Africa  Botswana  Lesotho  Namibia  Swaziland  Other (Please Specify)

Sender's Reference

Analysis Code

SPECIAL INSTRUCTIONS

Bill Charges To Account No. **100062** Bill To  Sender  Consignee  Other (Name Please)

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

10/06/2018  
 DATE

- Mark Service Required
- Same Day
  - Express
  - With Sunrise Option
  - With Saturday Service
  - Public Holiday Service
  - Economy
  - After Hours

BLNS  
 Customs  
 Tariff

- 1. ONLINE
- 3. EFT

Total Mass (Kg)

Total Parcels

NO. OF PARCELS PER DIMENSIONS LENGTH (CM) WIDTH (CM) HEIGHT (CM)

1

Goods received in full without damage (unless endorsed)  
 Name Of Receiver (PLEASE PRINT CLEARLY)

Received By DSV  
 Name Of Courier (PLEASE PRINT CLEARLY)

**MNL 2018**

**HUMRO**

Date Received: **12/06/18**

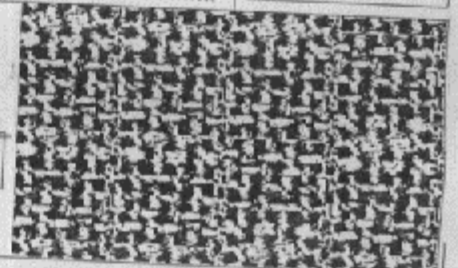
Time Received: **10:18**

Date Received: **10/06/18**

Time Received: **14:25**

Signature: *[Signature]*

Signature: *[Signature]*



POD COPY

Version Control (08/2017)



CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
 t/a DSV Distribution  
 PO Box 63, The Reads 0081  
 Tel (012) 673-2000  
 Reg. No. 2004/015747/07  
 VAT Reg. No. 4260213873



SUBBD25131651

ADDITIONAL					
TRACKING					
NUMBERS					

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name	LE CREUSET HEAD OFFICE	Company Name	LE CREUSET CANAL WALK
Street Address	UNIT 5, HERON PA OLIVE GROVE IND. ESTATE OLD PAARDEVLEI RD	Street Address	SHOP 176 CANAL WALK SHOP CNTR LOWER GROUND LEVEL
Suburb	SOMERSET WEST	Suburb	CENTURY CITY
City/Town	CPT	City/Town	CPT
Postal Code	7190	Postal Code	7441
Contact	JASHIN FRASER	Contact	LIZE MARIE VERME
Phone	021 851 7178	Phone	021 551 0225

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

Destination Country:  South Africa  Botswana  Lesotho  Namibia  Swaziland  Other (Please Specify)

Sender's Reference: *P01209*

Analysis Code

**SPECIAL INSTRUCTIONS**

Bill Charges To Account No. **027766**

Bill To:  Sender  Consignee  Other (Name Please)

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 12.4 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 12.5 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 12.5, 12.6 AND 12.7 OVERLEAF)

e-mail / Fax / Proof of Delivery  e-mail Address / Fax Number

*[Signature]*  
 SENDER'S AUTHORISED SIGNATURE  
 DATE: *11/8/18*

BLNS Customs Tariff

1. ONLINE

3. EFT

Total Mass (Kg)

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1				

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY): **VAN GRAAN**

Date Received: **120618**

Time Received: **1003**

Signature: *[Signature]* (unchecked)

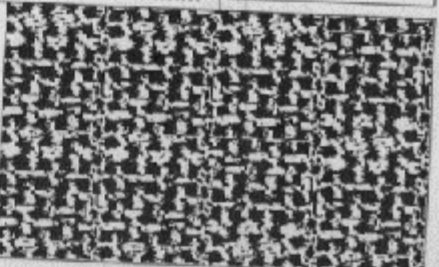
Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY): **UDEDE**

Date Received: **110618**

Time Received: **1650**

Signature: *[Signature]*



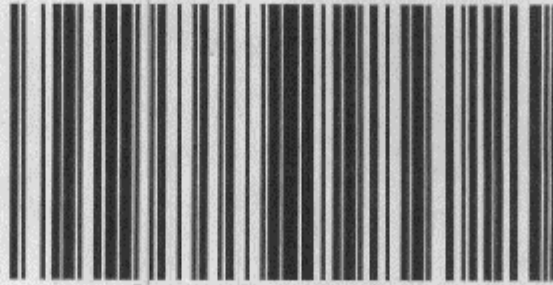
POD COPY

Version Control (06-2018)

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
 t/a DSV Distribution  
 PO Box 63, The Reeds 0061  
 Tel (012) 673-2000  
 Reg. No. 2004/015747/07  
 VAT Reg. No. 4260213873



SUBBD26244474


Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required			
Company Name <b>MAN AUTOMOTIVE SA(PTY)L</b>		Company Name <b>ABSA-AVAF</b>						<input type="checkbox"/> Same Day			
Street Address <b>FALCON CLOSE OKAVANGO PARK</b>		Street Address <b>1ST FLOOR BRIDGE PARK EAS BRIDGE WAY</b>						<input checked="" type="checkbox"/> Express With Sunrise Option			
Suburb <b>BRACKENFELL</b>		Suburb <b>CENTURY CITY</b>						<input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service			
City/Town <b>CAPE TOWN (C)</b> Postal Code <b>7560</b>		City/Town <b>CAPE TOWN (C)</b> Postal Code <b>7441</b>						<input type="checkbox"/> Economy			
Contact <b>Harice Hebertse</b>		Contact <b>CHARLYNNE LOUW</b>						<input type="checkbox"/> After Hours			
Phone <b>021 980 2720</b>		Phone <b>021 816 4192</b>						<input type="checkbox"/> BLNS Customs Tariff			
Destination Country <input checked="" type="checkbox"/> South Africa		Other (Please Specify)									
Sender's Reference		Analysis Code									
<b>SPECIAL INSTRUCTIONS</b>											
Bill Charges To Account No. <b>027386</b>		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>						<input type="checkbox"/> 1. ONLINE			
IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER (SEE CLAUSE 12.4 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 12.5 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 12.5, 12.6 AND 12.7 OVERLEAF).											
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number						<input type="checkbox"/> 3. EFT			
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>		<b>HEIGHT (CM)</b>		<b>Total Mass (Kg)</b>	
1											
<b>Goods received in full without damage (unless endorsed)</b> Name Of Receiver (PLEASE PRINT CLEARLY) <b>C LOUW</b>				<b>Received By DSV</b> Name Of Courier (PLEASE PRINT CLEARLY) <b>EMKE</b>							
Date Received: <b>12 06 18</b>				Date Received: <b>11-06-18</b>							
Time Received: <b>09 25</b>				Time Received: <b>15:30</b>							
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>							

POD COPY

Version Control: 1.0 (2018)

CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



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



SUBBD27472135


Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: <u>Kuilriver Cash n Carry</u>		Company Name: <u>United Management Services -</u>				<input type="checkbox"/> Same Day	
Street Address: <u>50A VAN RIEBEEK Road</u> <u>Kuilriver</u>		Street Address: <u>Century Square Unit, G3.</u> <u>Heron Crescent, Century City</u>				<input type="checkbox"/> Express	
Suburb: <u>Northern</u>		Suburb: <u>Northern</u>				<input type="checkbox"/> With Sunrise Option	
City/Town: <u>CAPE TOWN</u> Postal Code: <u>7580</u>		City/Town: <u>CAPE TOWN</u> Postal Code: <u>7441</u>				<input type="checkbox"/> With Saturday Service	
Contact: <u>Nicoor</u> <u>021 903 0289</u>		Contact: <u>LANA ROETS</u>				<input type="checkbox"/> Public Holiday Service	
Phone: <u>0834651401</u>		Phone: <u>021 552 8354</u>				<input checked="" type="checkbox"/> Economy	
Destination Country: <input 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		Analysis Code				<input type="checkbox"/> BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <input type="checkbox"/>		Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>	
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 14.8 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).							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>				e-mail Address / Fax Number			
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>	
1							
<b>Goods received in full without damage (unless endorsed)</b>				<b>Received By DSV</b>			
Name Of Receiver (PLEASE PRINT CLEARLY) <u>ANKE</u>				Name Of Courier (PLEASE PRINT CLEARLY) <u>Scott</u>			
Date Received: <u>120618</u>		Time Received: <u>10:28</u>		Date Received: <u>110618</u>		Time Received: <u>1453</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			

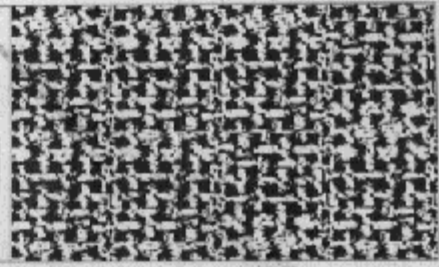
1. ONLINE

3. EFT

Total Mass (Kg)

POD COPY

Version Control (01/2017)



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



SUBBD27160627

2 2 2 E E E 2 2 2


Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: <u>Village Power Trade</u>		Company Name: <u>Unitrade Long</u>				<input type="checkbox"/> Same Day	
Street Address: <u>Worcester Street</u>		Street Address: <u>Century Square, Unit GB</u>				<input type="checkbox"/> Express	
Suburb: <u>Grabouw</u>		Suburb: <u>Heron Crescent</u>				<input type="checkbox"/> With Sunrise Option	
City/Town: <u>Grabouw</u> Postal Code: <u>7160</u>		City/Town: <u>Century City</u> Postal Code: <u>7441</u>				<input type="checkbox"/> With Saturday Service	
Contact: <u>(021) 859-5124</u>		Contact: <u>(021) 552-8354</u>				<input type="checkbox"/> Public Holiday Service	
Phone: <u>(021) 859-5124</u>		Phone: <u>(021) 552-8354</u>				<input type="checkbox"/> Economy	
Destination Country: <u>South Africa</u>		Other: <u>(Please Specify)</u>				<input type="checkbox"/> After Hours	
Sender's Reference: <u></u>		Analysis Code: <u></u>				<input type="checkbox"/> BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>						<input type="checkbox"/> 1. ONLINE	
Bill Charges To Account No. <u>007507</u>		If Consignee Or Other (Third Party) is Billed, Sender Remains Liable For Unpaid Charges.				<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).						Total Mass (Kg)	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number							
Total Parcels: <u>1</u>		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>ANKER</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>MARNO</u>			
Date Received: <u>120618</u>		Time Received: <u>10:27</u>		Date Received: <u>110618</u>		Time Received: <u>1555</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			

POD COPY

Version Control (03/2017)



CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
t/a DSV Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4260213873



SUBBD25412819

SN:FD0221/A2HP


Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required					
Company Name <u>BCX CENTURION</u>		Company Name <u>UCS TECHNOLOGY SERVICES</u>						<input type="checkbox"/> Same Day					
Street Address <u>1021 LENCHEN</u>		Street Address <u>CENTURY BOULEVARD</u>						<input checked="" type="checkbox"/> Express					
<u>NORTH</u>		<u>WEST BLOCK</u>						<input type="checkbox"/> With Sunrise Option					
<u>CENTURION</u>		<u>CENTENNIAL PLACE</u>						<input type="checkbox"/> With Saturday Service					
Suburb <u>ZWARTKOP</u>		Suburb <u>CENTURY CITY</u>						<input type="checkbox"/> Public Holiday Service					
City / Town <u>PRETORIA</u> Postal Code <u>0157</u>		City / Town <u>CAPE TOWN</u> Postal Code <u>7441</u>						<input type="checkbox"/> Economy					
Contact <u>ITANI MAMATHO</u>		Contact <u>GERSHOM SAAYMAN</u>						<input type="checkbox"/> After Hours					
Phone <u>065 999 1312</u>		Phone <u>021 550 3348 / 082 3200674</u>						<input type="checkbox"/> BLNS Customs Tariff					
Destination Country		South Africa		Botswana		Lesotho		Namibia		Swaziland		Other (Please Specify)	
Sender's Reference <u>D385040</u>		Analysis Code						<input type="checkbox"/> 1. ONLINE					
<b>SPECIAL INSTRUCTIONS</b>		Bill Charges To Account No. <u>004668</u>						<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 12.4 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 12.6 OVERLEAF). IF YOU WISH DEV DISTRIBUTION TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSE 12.5, 12.8 AND 12.7 OVERLEAF).		<input type="checkbox"/> Bill To Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)						SENDER'S AUTHORIZED SIGNATURE: <u>I Mamatho</u> DATE: <u>12/06/2018</u>					
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)					
<u>1</u>													
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>GERSHOM</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>Inno</u>									
Date Received: <u>12 06 18</u>		Time Received: <u>0903</u>		Date Received: <u>12 06 18</u>		Time Received: <u>1515</u>							
Signature:				Signature:									

Version Control (16/2/16)

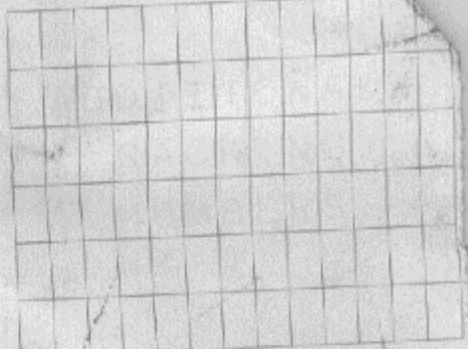
CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
 t/a DSV Distribution  
 PO Box 63, The Reeds 0061  
 Tel (012) 873-2000  
 Reg. No. 2004/015747/07  
 VAT Reg. No. 4260213873



SUBBD26497678

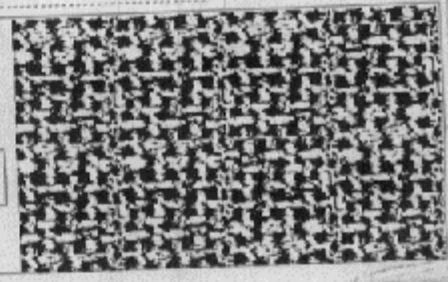


Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>SHIRAZ AUTO</b>	Company Name <b>NEDBANK</b>	Street Address <b>1ST FLOOR WEST OFFICE TOWER, CENTURY BOULEVARD CENTURY CITY</b>				<input checked="" type="checkbox"/> Same Day	
Street Address <b>NR - NIRVANA DRIVE E PROTEA AVENUE</b>	Street Address <b>WEST OFFICE TOWER, CENTURY BOULEVARD CENTURY CITY</b>	Suburb <b>CENTURY CITY</b>				<input checked="" type="checkbox"/> Express	
Suburb <b>LENASIA</b>	Suburb <b>CENTURY CITY</b>	Postal Code <b>7441</b>				<input type="checkbox"/> With Sunrise Option	
City/Town <b>JHB</b>	City/Town <b>CAPE TOWN</b>	Postal Code <b>7441</b>				<input type="checkbox"/> With Saturday Service	
Contact <b>HUCSTANA</b>	Contact <b>MOGAMAD R. BEHARDIEN</b>	Phone <b>(021) 526-6143</b>				<input type="checkbox"/> Public Holiday Service	
Phone <b>(011) 213-1100</b>	Phone <b>(021) 526-6143</b>	Destination Country				<input type="checkbox"/> Economy	
Destination Country <b>South Africa</b>	Destination Country <b>South Africa</b>	Analysis Code				<input type="checkbox"/> Alter Hours	
Sender's Reference <b>UTI2837066</b>	Sender's Reference <b>UTI2837066</b>	Analysis Code				<input type="checkbox"/> BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <b>003041</b>	Bill To Sender <input type="checkbox"/>	Consignee <input type="checkbox"/>	Other (Name Please) <input type="checkbox"/>		1. ONLINE <input type="checkbox"/>		
IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER (SEE CLAUSE 12.4 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 12.5 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 12.5, 12.6 AND 12.7 OVERLEAF).							
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number							
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)	
<b>1</b>							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>RAMONA</b>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>MPHO</b>			
Date Received: <b>120618</b>		Time Received: <b>1028</b>		Date Received: <b>110618</b>		Time Received: <b>1656</b>	
Signature: <i>mele</i>				Signature: <i>Mang</i>			

POD COPY

*Mang*  
 SENDER'S AUTHORISED SIGNATURE

**11/06/2018**  
 DATE



Version: 2010/01/20 (1.0)