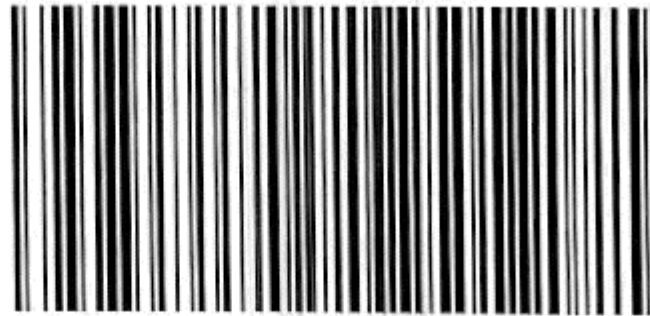


CONTRACT FOR CARRIAGE / DISPATCH NOTE



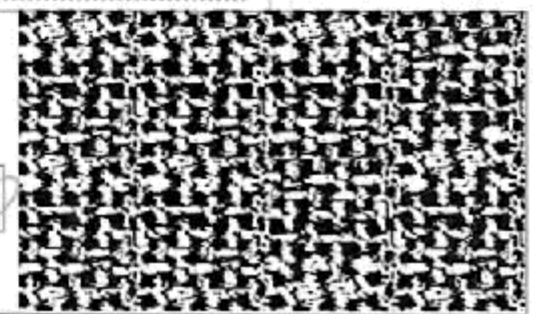
DSV South Africa
t/a DSV Distribution
PO Box 63, The Reeds 0081
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD25274972

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: Pearson S-A				Company Name: Pearson Institute				<input type="checkbox"/> Same Day	
Street Address: 205 President Mbeki Drive				Street Address: Pearson Building 44 Alsatia Road Glen Austin Ext 3				<input checked="" type="checkbox"/> Express	
Suburb:				Suburb: Midrand				<input type="checkbox"/> With Sunrise Option	
City/Town: RTB		Postal Code: 2300		City/Town: Gaushen		Postal Code:		<input type="checkbox"/> With Saturday Service	
Contact: Boikengwa Phiri				Contact: Anne Schiebusch				<input type="checkbox"/> Public Holiday Service	
Phone: 014 592 9770				Phone: 011 080 5409				<input type="checkbox"/> Economy	
Destination Country		South Africa		Botswana		Lesotho		Namibia	
Swaziland		Other (Please Specify)						<input type="checkbox"/> After Hours	
Sender's Reference: Boikengwa Phiri				Analysis Code:				<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. 008083		Bill To <input type="checkbox"/> Sender		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).									
				SENDER'S AUTHORISED SIGNATURE: <i>[Signature]</i>				DATE: 16/04/2018	
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)	
1				14				1	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) Thalitia					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) THABO				
Date Received: 170418		Time Received: 8h50			Date Received: 160418		Time Received: 1430		
Signature: <i>[Signature]</i>					Signature: <i>[Signature]</i>				

POD COPY



Version Control (05/2016)