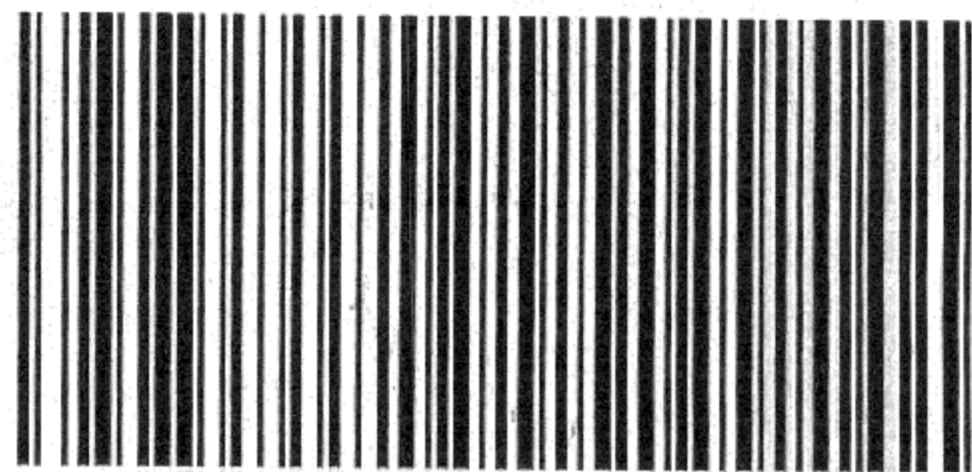


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD25642581

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Req	
Company Name <u>TRAVEL INSU CONSULTANTS</u>				Company Name <u>SHELLY STEWART</u>				<input type="checkbox"/> Same D	
Street Address <u>52 CORLETTE DRIVE</u> <u>THE PAVILLON</u>				Street Address <u>81 MOUNT ROAD</u>				<input checked="" type="checkbox"/> Express	
<u>THE WONDERERS OFFICE PARK</u>								<input type="checkbox"/> With Sunrise	
Suburb <u>ILLOVO</u>				Suburb <u>GLENDINNINGVALE</u>				<input type="checkbox"/> With Saturday	
City / Town <u>JNB</u>		Postal Code <u>2196</u>		City / Town <u>PORT ELIZABETH</u>		Postal Code		<input type="checkbox"/> Public Holiday	
Contact <u>ANTHIA LOUW</u>				Contact <u>SHELLY STEWART</u>				<input type="checkbox"/> Econom	
Phone <u>011 521 4000</u>				Phone <u>082 887 5668</u>				<input type="checkbox"/> After Hou	
Destination Country		<input checked="" 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"/> BLNS Customs Tariff	
Sender's Reference <u>013100000</u>				Analysis Code					
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. <u>026530</u>		Bill To <input checked="" type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE	
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 <input type="checkbox"/>				e-mail Address / Fax Number					
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
<u>1</u>		<u>1</u>							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>THEM JISWA</u>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>THEM JISWA</u>				
Date Received: <u>140218</u>		Time Received: <u>0855</u>			Date Received: <u>130218</u>		Time Received: <u>1530</u>		
Signature: <u>[Signature]</u>					Signature: <u>[Signature]</u>				

POD COPY

Version Control (06/2016)

