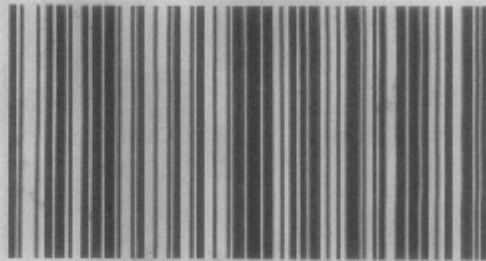


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 83, The Roads 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4280218873



SUBBD26218443

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name THE PRD SHOP		Company Name ACUSHNET				<input type="checkbox"/> Same Day	
Street Address SHOP 63 MOFFET ON MAIN		Street Address 194 NORTHLANDS				<input type="checkbox"/> Express	
CNR 17TH AVE AND MAIN ROAD		BUSINESS PARK				<input type="checkbox"/> With Sunrise Option	
WALMER		NEW MARKET ROAD				<input type="checkbox"/> With Saturday Service	
Suburb		Suburb NORTH RIDING				<input type="checkbox"/> Public Holiday Service	
City/Town PORT ELIZABETH Postal Code 6033		City/Town CAUTENG Postal Code				<input checked="" type="checkbox"/> Economy	
Contact ROSS BLANDFO		Contact ROUX				<input type="checkbox"/> After Hours	
Phone 041 368 6600		Phone 011 462 9165				BLNS Customs Tariff	
Destination Country <input type="checkbox"/> South Africa <input type="checkbox"/> Botswana		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)				<input type="checkbox"/> 1. ONLINE <input type="checkbox"/>	
Sender's Reference		Analysis Code				<input type="checkbox"/> 3. EFT <input type="checkbox"/>	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 009612		Bill To Sender <input type="checkbox"/>		Consigned <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 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)	
1							
HEIGHT (CM)				Total Mass (Kg)			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) R: aua n				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) ZAMA			
Date Received: 13/11/16		Time Received: 0920		Date Received: 13/11/16		Time Received: 1030	
Signature:				Signature:			

POD COPY