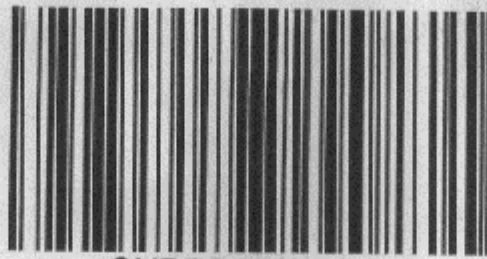


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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. 4260219873



SUBBD26508503

SUBHT 07843015

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name	LE CREWET WOODLANDS	Company Name	LE CREWET SANDTON			<input type="checkbox"/> Same Day
Street Address	SHOP 276 WOODLANDS BOULEVARD, CNR GIBSFOUTEIN & DE VILLE	Street Address	SHOP L339, SANDTON CITY 158 5TH STREET SANDTON EXTENSION 03 SANDTON			<input type="checkbox"/> Express
Suburb	PRETORIA	Suburb	SANDTON			<input type="checkbox"/> With Sunrise Option
City/Town	PRETORIA	City/Town	SANDTON			<input type="checkbox"/> With Saturday Service
Postal Code	0002	Postal Code	2196			<input checked="" type="checkbox"/> Economy
Contact	MARISA	Contact	011 784 0301			<input type="checkbox"/> After Hours
Phone	012 997 3777	Phone	KARABO			<input type="checkbox"/> BLNS Customs Tariff

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)
Sender's Reference	Analysis Code					

SPECIAL INSTRUCTIONS 772

Bill Charges To Account No. 02 2466

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 & 12.7 OVERLEAF).

Signature: *[Handwritten Signature]* DATE: 14/03/2018

SENDER'S AUTHORISED SIGNATURE

e-mail / Fax / Proof of Delivery <input type="checkbox"/>	e-mail Address / Fax Number	Total Mass (Kg)										
<table border="1"> <thead> <tr> <th>Total Parcels</th> <th>NO. OF PARCELS PER DIMENSIONS</th> <th>LENGTH (CM)</th> <th>WIDTH (CM)</th> <th>HEIGHT (CM)</th> </tr> </thead> <tbody> <tr> <td>02</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	02					<input checked="" type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EPT
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)								
02												

Goods received in full without damage (unless endorsed)	Received By DSV	
Name Of Receiver (PLEASE PRINT CLEARLY)	Name Of Courier (PLEASE PRINT CLEARLY)	
ZAMELE	Thayel	
Date Received: 160308	Date Received: 150318	
Time Received: 1419	Time Received: 1600	Signature: <i>[Handwritten Signature]</i>

POD COPY