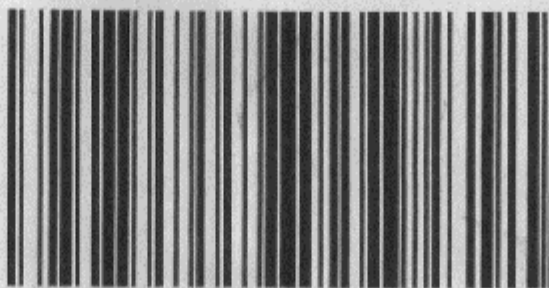


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
 t/a DSV Distribution  
 PO Box 83, The Reeds 0061  
 Tel (012) 673-2000  
 Reg. No. 2004/015747/07  
 VAT Reg. No. 4260213873



SUBBD26508669


Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required		
Company Name <u>Le Croux SA</u>		Company Name <u>Le Croux SA</u>						<input type="checkbox"/> Same Day		
Street Address <u>Stop 267 Highlands Boulevard Cor Gorgon</u>		Street Address <u>Unit 5 Heron Park Olive Grove 1 Nel Street Estate</u>						<input checked="" type="checkbox"/> Express		
<u>101 de Villiers</u>		<u>Potterfield Road</u>						<input type="checkbox"/> With Sunrise Option		
Suburb <u>Northcliff Park</u>		Suburb <u>Somersea West</u>						<input type="checkbox"/> With Saturday Service		
City/Town <u>Midrand</u> Postal Code <u>2002</u>		City/Town <u>Cape Town</u> Postal Code <u>7200</u>						<input type="checkbox"/> Public Holiday Service		
Contact <u>Maria</u>		Contact <u>Vicky</u>						<input type="checkbox"/> Economy		
Phone <u>012 997 3777</u>		Phone <u>021 551 7176</u>						<input type="checkbox"/> After Hours		
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"/> BLNS Customs Tariff		
Sender's Reference <u>4120950363</u>		Analysis Code						<input type="checkbox"/> 1. ONLINE		
<b>SPECIAL INSTRUCTIONS</b>										
Bill Charges To Account No. <u>027766</u>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		<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 12.5 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 Mass (Kg)		
<b>Total Parcels</b>		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)		
<u>1</u>		<u>1/1/1</u>								
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>J BENARD</u>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>THARRE</u>					
Date Received: <u>050318</u>			Time Received: <u>10H05</u>			Date Received: <u>010318</u>			Time Received: <u>1400</u>	
Signature: <u>[Signature]</u>					Signature: <u>[Signature]</u>					

POD COPY

Version Control (06/2016)