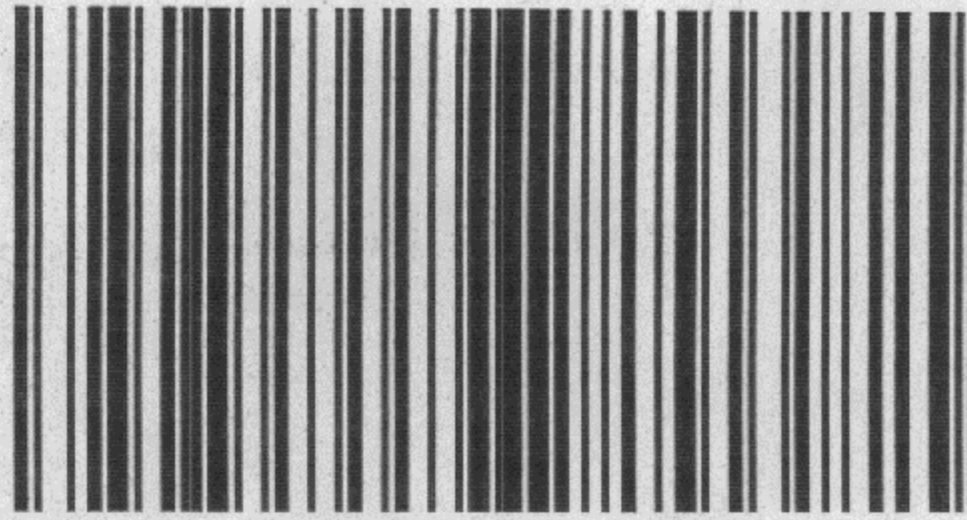


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT. No. 4880189685



SUBBD27075567

2 2 2 E E E 2 2

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required		
Company Name	<i>Prekka Pre Owned</i>	Company Name	<i>Le Cleust</i>			<input type="checkbox"/> Same Day		
Street Address	<i>28 Louw Wepena Dan Pienaar 15th</i>	Street Address	<i>Units Heron Park Glen-Somerset West</i>			<input type="checkbox"/> Express		
Suburb		Suburb				<input type="checkbox"/> With Sunrise Option		
City / Town	<input type="text"/>	City / Town	<i>CAPE TOWN</i>			<input type="checkbox"/> With Saturday Service		
Contact	<i>Colin</i>	Contact				<input type="checkbox"/> Public Holiday Service		
Phone	<i>0825715783</i>	Phone	<i>021-8577178</i>			<input type="checkbox"/> Economy		
Destination Country	South Africa	Other	(Please Specify)			<input type="checkbox"/> After Hours		
Sender's Reference					Analysis Code			
SPECIAL INSTRUCTIONS								
Bill Charges To Account No.			Bill To Sender	<input type="checkbox"/>	Consignee	<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 14.14 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 14.5 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 14.5, 14.6 AND 14.7 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)	Total Mass (K)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Goods received in full without damage (unless endorsed)				Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)				
<i>Elvino</i>				<i>SMC</i>				
Date Received:		Time Received:		Date Received:		Time Received:		
<i>29/01/18</i>		<i>0940</i>		<i>29/01/18</i>		<i>1500</i>		
Signature:				Signature:				
<i>[Signature]</i>				<i>[Signature]</i>				

POD COPY

Version Control (09/2017)