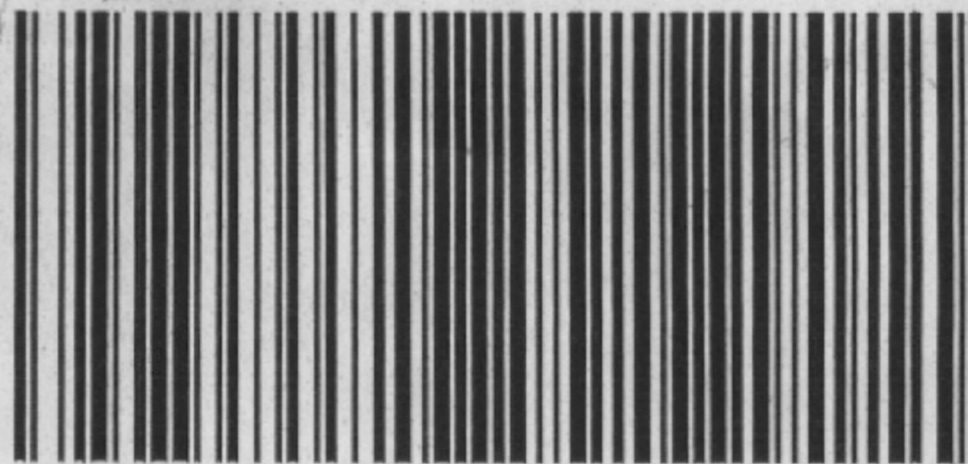


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD27502761

2 2 2 E E E 2 2 2

Replacement
 Damaged
 Transfers
 Assessment

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name	Le Couset Walmer	Company Name	Le Couset Warehouse
Street Address	Shop 103 Walmer Park Shopping Centre	Street Address	Unit 5, Heron Park Olive Grove, Old Paardevlei Rd, Industrial Estate
Suburb	Walmer	Suburb	Gomerset West
City / Town	P.E	City / Town	Cape Town
Postal Code	6020	Postal Code	7100
Contact	Rene Newfeldt	Contact	Jenna & Franci
Phone	(041) 3672318	Phone	0211 8517178

Mark Service Required
Same Day
Express
With Sunrise Option
With Saturday Service
Public Holiday Service
Economy <input checked="" type="checkbox"/>
After Hours
BLNS Customs Tariff


Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)	
Sender's Reference					Analysis Code		

SPECIAL INSTRUCTIONS

Bill Charges To Account No. Bill To Sender Consignee Other (Name Please)

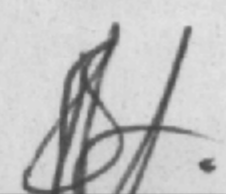
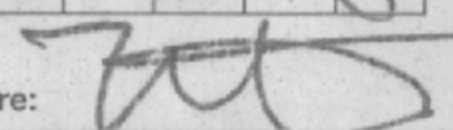
If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.

IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER (SEE CLAUSE 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).

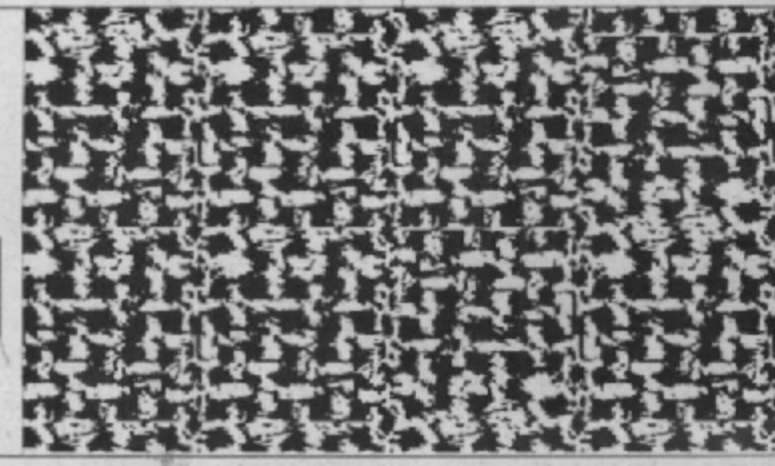
 10/10/2018
 SENDER'S AUTHORISED SIGNATURE DATE

e-mail / Fax / Proof of Delivery e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<input type="text" value="1"/>				

Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <input type="text" value="BASIL"/>	Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <input type="text" value="ZAMA"/>
Date Received: <input type="text" value="111018"/>	Date Received: <input type="text" value="101018"/>
Time Received: <input type="text" value="1114"/>	Time Received: <input type="text" value="1305"/>
Signature: 	Signature: 

1. ONLINE	<input type="checkbox"/>
3. EFT	<input type="checkbox"/>
Total Mass (Kg)	



POD COPY Version Control (08/2017)