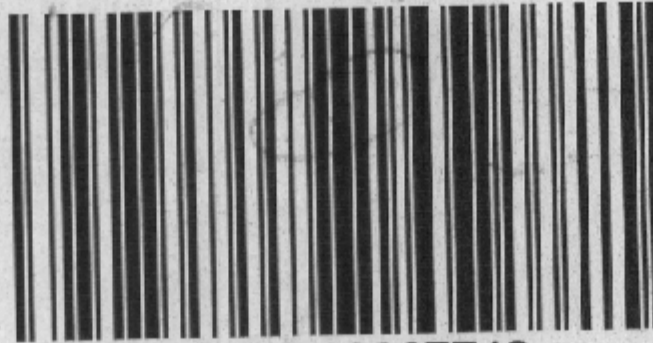


CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



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



SUBBD28967740

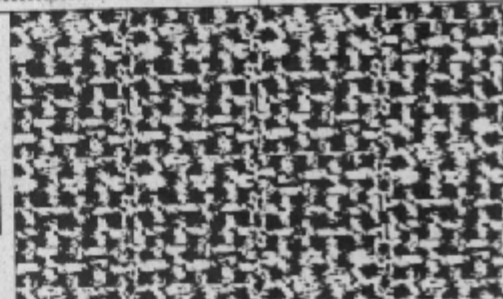
BAUNEST					
SABOKTAREL					
COUATRACKING					
NUMBERS					

ATT Jenna

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: <u>La Crouse Baywest</u>		Company Name: <u>La Crouse Warehouse</u>				<input type="checkbox"/> Same Day	
Street Address: <u>Shop 6543, Riverbank, Baywest Mall, Nr. Walker Drive extension</u>		Street Address: <u>Unit 5, Heron Park, Olive Grove, Industrial Estate, Old Gordale Road</u>				<input type="checkbox"/> Express	
Suburb: <u>Walker Drive extension</u>		Suburb: <u>Somerset West</u>				<input type="checkbox"/> With Sunrise Option	
City/Town: <u>P.E.</u> Postal Code: <u>6001</u>		City/Town: <u>Glen Town</u> Postal Code: <u>7100</u>				<input type="checkbox"/> With Saturday Service	
Contact: <u>Jenna</u>		Contact: <u>Jenna</u>				<input type="checkbox"/> Public Holiday Service	
Phone: <u>021 004 0011</u>		Phone: <u>021 851 7178</u>				<input checked="" type="checkbox"/> Economy	
Destination Country: <u>South Africa</u>		(Please Specify)				<input type="checkbox"/> After Hours	
Sender's Reference: <u>UT75535604</u>		Analysis Code				BLNS Customs Tariff	
SPECIAL INSTRUCTIONS							
Tarrif Code: <u>027766</u>		Bill To Sender: <input type="checkbox"/>		Consignee: <input type="checkbox"/>		Other (Name Please): <input type="checkbox"/>	
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 1000.00 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 14.8 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 (Kg)	
1		1	36	24	1	1	
Goods received in full without damage (unless endorsed)				Received By DSV			
Name of Receiver (PLEASE PRINT CLEARLY): <u>Jenna</u>				Name of Courier (PLEASE PRINT CLEARLY): <u>XOLANI</u>			
Date Received: <u>19/1/18</u>		Time Received: <u>0947</u>		Date Received: <u>16/1/18</u>		Time Received: <u>1600</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			

POD COPY

[Signature] 16/1/2018
SENDER'S AUTHORIZED SIGNATURE DATE



01/2018