

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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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. 4880189585



SUBBD29245127

ADDITIONAL
TRACKING
NUMBERS

<b>Sender's Details</b> Company Name: <u>LE - CREUSE WATERCO</u> Street Address: <u>SHOP USIQO WATERCO</u> <u>Wall - Inanda Road</u> <u>Durban</u> Suburb: City/Town: <u>DBN</u> Postal Code: <u>365</u> Contact: <u>SPISSALE</u> Phone: <u>0317631575</u>		<b>Consignee's Details. Full Street Address Please</b> Company Name: <u>LOCKREUSE BALUTO JUNCTION</u> Street Address: <u>SHOP 244</u> <u>Leonora Drive</u> <u>Ballito, Dolphin Coast</u> Suburb: City/Town: <u>Durban</u> Postal Code: <u>4399</u> Contact: <u>SASHA</u> Phone: <u>032 - 004 0138</u>		<b>Mark Service Required</b> <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours BLNS Customs Tariff	
Destination Country: South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)		Sender's Reference: <u>43 CAPP METAL, CIX JUNCTION</u> Analysis Code:			
<b>SPECIAL INSTRUCTIONS</b> Tariff Code: <u>027766</u> 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 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 AND 14.7 OVERLEAF).					
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		SENDER'S AUTHORIZED SIGNATURE: <u>[Signature]</u> DATE: <u>20/12/2010</u>			
Total Parcels: <u>1</u>	NO. OF PARCELS PER DIMENSIONS: <u>Box</u>	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>TSHEPANG</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <u>SYABONGA</u>			
Date Received: <u>21/12/10</u> Time Received: <u>1338</u>		Date Received: <u>20/12/10</u> Time Received: <u>1700</u>		Signature: <u>[Signature]</u>	

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Version Control (01/2010)