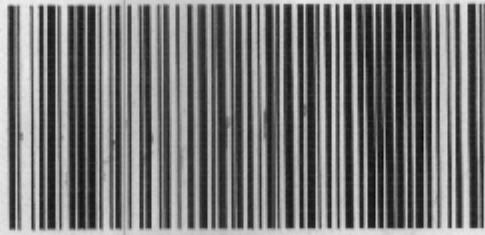


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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. 488018965



SUBBD29418177

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name: <u>LE CREUSIER JHB</u>		Company Name: <u>THE INTERIOR SHOP</u>				<input type="checkbox"/> Same Day
Street Address: <u>UNITY, EASTGATE BUSINESS PARK, CORNER MARLBORO DRIVE & SOUTH RD</u>		Street Address: <u>CROSS STREET 130</u>				<input type="checkbox"/> Express
Suburb: <u>SANDTON</u>		Suburb: <u> </u>				<input type="checkbox"/> With Sunrise Option
City / Town: <u>JHB</u>	Postal Code: <u> </u>	City / Town: <u>KROONSTAD</u>	Postal Code: <u> </u>		<input type="checkbox"/> With Saturday Service	
Contact: <u>DUANIE</u>		Contact: <u> </u>				<input type="checkbox"/> Public Holiday Service
Phone: <u>0735952470</u>		Phone: <u> </u>				<input type="checkbox"/> Economy
Destination Country: <u>South Africa</u>		Destination Country: <u> </u>				<input type="checkbox"/> After Hours
Sender's Reference: <u>STOCK</u>		Analysis Code: <u> </u>				<input checked="" type="checkbox"/> BLNS Customs Tariff
SPECIAL INSTRUCTIONS <u>FRAGILE</u>						<input type="checkbox"/> 1. ONLINE
Tariff Code: <u> </u>		Bill To: <input type="checkbox"/> Sender <input type="checkbox"/> 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 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, 14.6 AND 14.7 OVERLEAF)		SENDER'S AUTHORISED SIGNATURE				14/11/2018 DATE
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number <u> </u>						Total Mass (Kg)
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	<u>16kg</u>	
<u>1</u>	<u>Box</u>	<u>50</u>	<u>50</u>	<u>34</u>		
Goods received in full without damage (unless endorsed)		Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY): <u>LYNETTE</u>		Name Of Courier (PLEASE PRINT CLEARLY): <u>HELBERT</u>				
Date Received: <u>15/11/18</u>	Time Received: <u>1239</u>	Date Received: <u>14/11/18</u>	Time Received: <u>1300</u>			
Signature:		Signature: <u> </u>				

Version Control: 01/2018