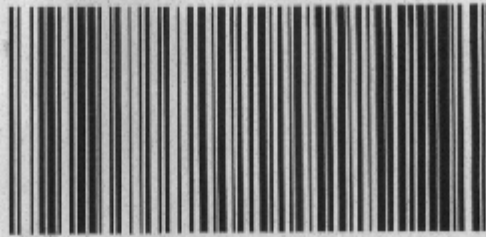


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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



SUBBD29630807


<b>Sender's Details</b>		<b>Consignee's Details. Full Street Address Please</b>						<b>Mark Service Required</b>	
Company Name: <u>DSV</u>		Company Name: <u>DSV</u>						<input type="checkbox"/> Same Day	
Street Address: <u>5 Stock Str</u>		Street Address: <u>5 Turney RD.</u>						<input checked="" type="checkbox"/> Express	
Suburb: <u>3 RT SUD</u>		Suburb: <u>ELANDSTORTIN</u>						<input type="checkbox"/> With Sunrise Option	
City/Town: <u>RTR</u> Postal Code: <u>0300</u>		City/Town: <u>JHR</u> Postal Code: <u>1406</u>						<input type="checkbox"/> With Saturday Service	
Contact: <u>Live</u>		Contact: <u>ATT - Kabelo.</u>						<input type="checkbox"/> Public Holiday Service	
Phone: <u>0145967039</u>		Phone: <u>ATT - Kabelo.</u>						<input type="checkbox"/> Economy	
Destination Country: <u>South Africa</u>		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other <input type="checkbox"/> (Please Specify)						<input type="checkbox"/> After Hours	
Sender's Reference: <u>ST09005067</u>		Analysis Code: <u> </u>						<input type="checkbox"/> BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>									
Tariff Code: <u>008977</u>		Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE <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 14.6 AND 14.7 OVERLEAF)									
e-mail / Fax / Proof of Delivery <input type="checkbox"/>						e-mail Address / Fax Number			
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>		<b>HEIGHT (CM)</b>	
<u>1</u>		<u>1x</u>		<u>83</u>		<u>26</u>		<u>14</u>	
<b>Total Mass (Kg)</b> <u>4</u>									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>Anse</u>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>HELIK</u>				
Date Received: <u>030119</u>		Time Received: <u>1005</u>			Date Received: <u>070119</u>		Time Received: <u>1412</u>		
Signature: <u>[Signature]</u>					Signature: <u>[Signature]</u>				

POD COPY

Version Control (01/2011)