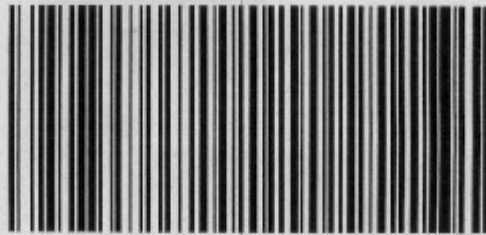


CONTRACT FOR CARRIAGE / DISPATCH NOTE

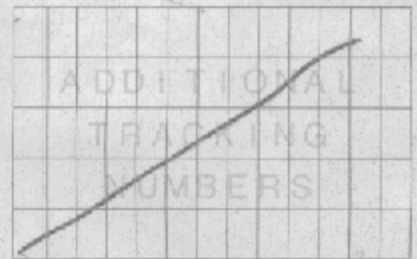
2 2 2 E E E 2 2 2



DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/D16342/07
VAT No. 4880189685



SUBBD29969012



Sender's Details		Consignee's Details, Full Street Address Please				Mark Service Required	
Company Name: <u>P&P Margate</u>		Company Name: <u>P&P Head office Durban</u>				<input type="checkbox"/> Same Day	
Street Address: _____		Street Address: _____				<input type="checkbox"/> Express	
Suburb: <u>Margate</u>		Suburb: <u>Durban</u>				<input type="checkbox"/> With Sunrise Option	
City / Town: <u>Margate</u>	Postal Code: _____	City / Town: <u>Durban (Dur)</u>	Postal Code: <u>4000</u>	<input type="checkbox"/> With Saturday Service		<input type="checkbox"/> Public Holiday Service	
Contact: _____		Contact: _____				<input type="checkbox"/> Economy	
Phone: _____		Phone: _____				<input type="checkbox"/> After Hours	
Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other	(Please Specify)
Sender's Reference: _____				Analysis Code: _____			
SPECIAL INSTRUCTIONS							
Tariff Code: _____		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other <input type="checkbox"/> (Name Please)	
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 _____	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
1		1		40		30	
						HEIGHT (CM)	
						02	
						Total Mass (Kg)	
						2	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>SAMKE</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>KUDON</u>			
Date Received: <u>16 01 19</u>		Time Received: <u>08 15</u>		Date Received: <u>15 01 19</u>		Time Received: <u>15 38</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			

POD COPY

Version Control (01/2016)