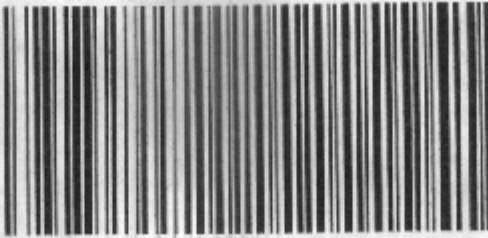


CONTRACT FOR CARRIAGE / DISPATCH NOTE

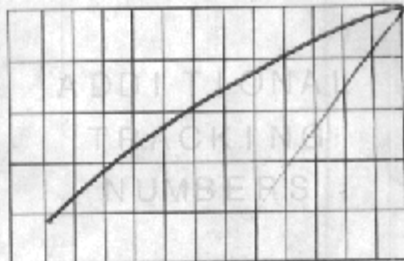


DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT No. 4880189685



SUBBD29212110

777CCC777



COUNTS COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>ATM SOL PL</u>		Company Name <u>ATM SOL WAREHOUSE</u>				<input checked="" type="checkbox"/> Same Day	
Street Address <u>6 FAIRFAX</u>		Street Address <u>7 DEWPN STR</u>				<input type="checkbox"/> Express	
Suburb <u>M</u>		Suburb <u>EASTGATE</u>				<input type="checkbox"/> With Sunrise Option	
City / Town <u>PL</u>		City / Town <u>CENTR</u>				<input type="checkbox"/> With Saturday Service	
Postal Code <u>4240</u>		Postal Code <u></u>				<input type="checkbox"/> Public Holiday Service	
Contact <u></u>		Contact <u>GEORGE</u>				<input checked="" type="checkbox"/> Emergency	
Phone <u></u>		Phone <u></u>				<input type="checkbox"/> After Hours	
Destination Country <u>South Africa</u>		Botswana		Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference <u></u>		Analysis Code <u></u>					
SPECIAL INSTRUCTIONS							
Tariff Code <u>027766</u>		<input type="checkbox"/> Bill To Sender		<input type="checkbox"/> Consignee		<input type="checkbox"/> Other (Name Please)	
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		SENDER'S AUTHORIZED SIGNATURE <u>[Signature]</u>		DATE <u>18/2/19</u>	
Total Parcels <u>1</u>		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM) <u>65</u>		WIDTH (CM) <u>41</u>	
				HEIGHT (CM) <u>54</u>		Total Mass (Kg) <u>15</u>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>MARKET</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>MARKET</u>		Depot Hand In	
Date Received: <u>DDMMYY</u>		Time Received: <u>HHMM</u>		Date Received: <u>180219</u>		Time Received: <u>1420</u>	
Signature: <u></u>		Signature: <u>[Signature]</u>		Liability: Value For Loss or Damage <input type="checkbox"/>		Liability: (Costs Incidental To Loss, Damage Or Delay) <input type="checkbox"/>	

Version Control (01/2018)