

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
1/2 DSV Distribution  
PO Box 63, The Roads 0061  
Tel (012) 673-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4260213873



SUBBD26414505


POD COPY

Sender's Details		Consignee's Details, Full Street Address Please		Mark Service Required	
Company Name: <b>ATM SOLUTIONS</b>		Company Name: <b>ATM SOLUTIONS</b>		<input type="checkbox"/> Same Day	
Street Address: <b>7 DELPH STREET</b>		Street Address: <b>DSV DEPOT</b>		<input type="checkbox"/> Express	
Suburb: <b>SANDTON</b>		Suburb: <b>PORT SHEPSTONE</b>		<input type="checkbox"/> With Sunrise Option	
City/Town: <b>JNB</b> Postal Code: <b></b>		City/Town: <b>PORT SHEPSTONE (PSH)</b> Postal Code: <b></b>		<input type="checkbox"/> With Saturday Service	
Contact: <b></b>		Contact: <b>KISHAL HART</b>		<input checked="" type="checkbox"/> Public Holiday Service	
Phone: <b></b>		Phone: <b>083 603 4944</b>		<input checked="" type="checkbox"/> Economy	
Destination Country: <input checked="" type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)				<input type="checkbox"/> After Hours	
Sender's Reference: <b></b>		Analysis Code: <b></b>		BLNS Customs Tariff: <b></b>	
<b>SPECIAL INSTRUCTIONS:</b> Bill Charges To Account No. <b>027766</b> Bill To <input checked="" type="checkbox"/> 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 12.4 OVERLEAF). GOODS ARE SHIPPED AT OWNERS RISK SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. DSV DISTRIBUTION LIMITS ITS LIABILITY TO R 250.00 PER SHIPMENT. (SEE CLAUSE 12.5 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 12.5, 12.6 AND 12.7 OVERLEAF).					
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number <b></b>		1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/>	
<b>Total Parcels</b> <div style="border: 1px solid black; width: 40px; height: 40px; text-align: center; line-height: 40px;">1</div>		<b>NO. OF PARCELS PER DIMENSIONS</b> <b>LENGTH (CM)</b> <b>WIDTH (CM)</b> <b>HEIGHT (CM)</b>		<b>Total Mass (Kg)</b> <div style="border: 1px solid black; width: 100px; height: 50px;"></div>	
<b>Goods received in full without damage (unless endorsed)</b> <b>Name Of Receiver (PLEASE PRINT CLEARLY)</b> <b>BRIJ</b>		<b>Received By DSV</b> <b>Name Of Couper (PLEASE PRINT CLEARLY)</b> <b>W. K. ROSE</b>			
<b>Date Received:</b> <b>050318</b>		<b>Date Received:</b> <b>200218</b>			
<b>Time Received:</b> <b>1250</b>		<b>Time Received:</b> <b>1432</b>			
<b>Signatures:</b> 		<b>Signature:</b> 			