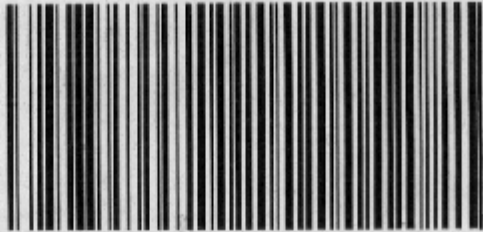


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0051
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT. No. 4680189685



SUBBD29212112

2 2 2 E E E 2 2 2

ADDITIONAL TRACKING NUMBERS

Sender's Details Company Name: <u>ATM SOL P/L</u> Street Address: <u>6 FREEMANS DR</u> Suburb: <u>MARBL</u> City/Town: <u>P/L</u> Postal Code: <u>4240</u> Contact: _____ Phone: _____		Consignee's Details. Full Street Address Please Company Name: <u>ATM SOL VAREMOWS</u> Street Address: <u>7 DELPHI STR</u> Suburb: <u>EASTGATE</u> City/Town: <u>JHB</u> Postal Code: _____ Contact: _____ Phone: <u>011 430 1234</u>		Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input type="checkbox"/> Economy <input type="checkbox"/> After Hours <input type="checkbox"/> BLS Customs Tariff
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) _____		Analysis Code: _____		
SPECIAL INSTRUCTIONS Tariff Code: <u>027766</u> Bill To: <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (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 14.6 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 <input type="text" value="1"/>		NO. OF PARCELS PER DIMENSIONS LENGTH (CM): <u>61</u> WIDTH (CM): <u>38</u> HEIGHT (CM): <u>81</u>		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>GEORGES</u> Date Received: <u>27 02 19</u> Time Received: <u>10 24</u> Signature: <u>[Signature]</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <u>MARKU</u> Date Received: <u>27 02 19</u> Time Received: <u>10 00</u> Signature: <u>[Signature]</u>		

POD COPY

Version Control (01/2019)