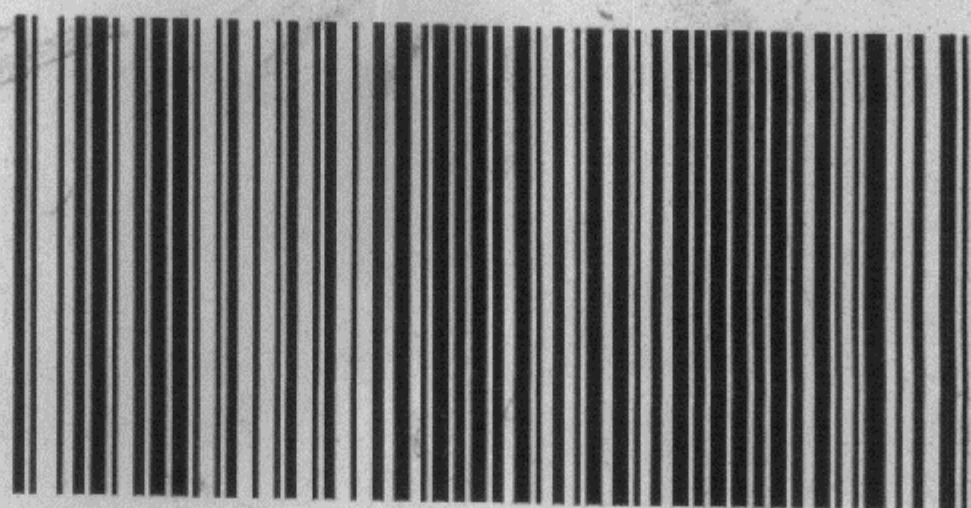


# CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD27638776

2 2 2 E E E 2 2 2

SUBHT10931495


Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>ATM SOLUTIONS</b>				Company Name <b>ATM SOLUTIONS UMTATA</b>				<input type="checkbox"/> Same Day	
Street Address <b>7 DELPHI STREET</b>				Street Address <b>HOLD FOR COLLECTION @ DEPOT</b>				<input type="checkbox"/> Express	
Suburb <b>SANDTON</b>				Suburb <b>UMTATA</b>				<input type="checkbox"/> With Sunrise Option	
City / Town <b>JNB</b>		Postal Code <b>2196</b>		City / Town <b>UMTATA</b>		Postal Code		<input type="checkbox"/> With Saturday Service	
Contact <b>MORATUWA</b>				Contact <b>SUNWABO</b>				<input type="checkbox"/> Public Holiday Service	
Phone <b>011 555 5500 / 073 047 7017</b>				Phone <b>083 653 4758</b>				<input checked="" type="checkbox"/> Economy	
Destination Country		South Africa <input checked="" type="checkbox"/>		Botswana		Lesotho		Namibia	
								Swaziland	
								Other (Please Specify)	
Sender's Reference				Analysis Code				BLNS Customs Tariff	
<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 14.14 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 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				1. ONLINE <input type="checkbox"/>  3. EFT <input type="checkbox"/>	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
<b>2</b>									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>SUNWABO</b>									
Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>SUNWABO</b>									
Date Received: <b>120418</b>					Time Received: <b>1102</b>				
Signature: <b>[Signature]</b>					Signature: <b>[Signature]</b>				

POD COPY