

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



SUBBD26714497

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POD COPY

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name <b>ATM SOLUTIONS</b> <b>7 DELPH STREET</b>		Company Name <b>ATM SOLUTIONS</b> <b>DSV DEPOT</b>		<input type="checkbox"/> Same Day	
Street Address		Street Address		<input type="checkbox"/> Express	
Suburb <b>SANDTON</b>		Suburb		<input type="checkbox"/> With Sunrise Option	
City / Town <b>JNB</b> Postal Code		City / Town <b>PORT SHEPSTONE</b> Postal Code		<input type="checkbox"/> With Saturday Service	
Contact		Contact <b>KISHAL HARI</b>		<input type="checkbox"/> Public Holiday Service	
Phone		Phone <b>083 603 4944</b>		<input checked="" type="checkbox"/> Economy	
Destination Country		Lesotho Namibia Swaziland Other (Please Specify)		<input type="checkbox"/> After Hours	
Sender's Reference		Analysis Code		BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>				1. ONLINE <input type="checkbox"/>	
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"/>		3. EFT <input type="checkbox"/>	
If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.				Total Mass (Kg)	
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).				SENDER'S AUTHORIZED SIGNATURE <b>[Signature]</b> DATE <b>17/4/18</b>	
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)	HEIGHT (CM)	
<b>1</b>					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>S H A R I</b>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>M M M M M</b>			
Date Received: <b>18/04/18</b> Time Received: <b>11:35</b>		Date Received: <b>17/04/18</b> Time Received: <b>14:30</b>			
Signature: <b>[Signature]</b>		Signature: <b>[Signature]</b>			