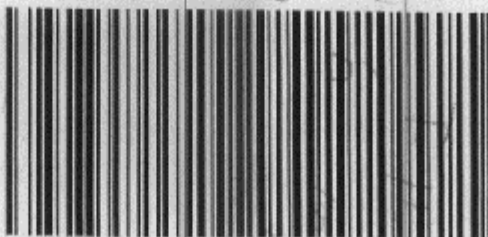


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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. 4680189685



2 2 2 E E E 2 2 2

SUBBD27638824


To be COD

SUBBD27638824

POD COPY

<b>Sender's Details</b> Company Name: <u>ATM SOLUTIONS</u> Street Address: <u>7 DELPHI STREET</u> Suburb: <u>SANDTON</u> City/Town: <u>JNB</u> Postal Code: <u>2196</u> Contact: <u>MORATUWA</u> Phone: <u>011 555 5500 / 073 047 7017</u>		<b>Consignee's Details. Full Street Address Please</b> Company Name: <u>AIM SOLUTIONS PORTSHEPSTONE</u> Street Address: <u>HOLD FOR COLLECTION @ DEPOT</u> Suburb: _____ City/Town: <u>PORTSHEPSTONE</u> Postal Code: _____ Contact: <u>KISHAL</u> Phone: <u>053 607 8064</u>		<b>Mark Service Required</b> <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 checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours
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) _____		BLNS Customs Tariff: _____		
Sender's Reference: _____ Analysis Code: _____		1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/>		
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <u>027766</u> Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name/Phone): _____ 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 200.00 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 14.3, 14.6 AND 14.7 OVERLEAF).				
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number: _____		SENDER'S AUTHORIZED SIGNATURE: _____ DATE: <u>24/04/18</u>		
Total Parcels: <u>2</u> NO. OF PARCELS PER DIMENSIONS: <u>2</u>		Total Mass (Kg): _____		
LENGTH (CM): _____ WIDTH (CM): _____ HEIGHT (CM): _____		Received By DSV Name Of Receiver (PLEASE PRINT CLEARLY): <u>THINKER</u> Date Received: <u>24/04/18</u> Time Received: <u>14:20</u> Signature: _____		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>BRIAN</u> Date Received: <u>02/05/18</u> Time Received: <u>1345</u> Signature: _____				

Version Control 03/2017