

**DSV**

DSV Road (Pty) Ltd  
as DSV Distribution  
PO Box 63, The Reeds 0061  
Tel 0861 80 30 80  
Reg. No. 2000/016342/07  
VAT. No. 4880189685



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ADDITIONAL
TRACKING
NUMBERS

Sender's Details				Consignee's Details, Full Street Address Please				Mark Service Required							
Company Name <u>SATM solutions</u>				Company Name <u>ATM Solutions</u>				<input type="checkbox"/> Same Day							
Street Address <u>D maphuzi Crescent</u>				Street Address <u>7 Delphi Road</u>				<input type="checkbox"/> Express							
Suburb <u>Sidwadwa</u>				Suburb <u>Mallboro</u>				<input type="checkbox"/> With Sunrize Option							
City/Town <u>mthatha</u> Postal Code _____				City/Town <u>JHB</u> Postal Code _____				<input type="checkbox"/> With Saturday Serv							
Contact <u>Sonweto</u>				Contact <u>Moratlwa</u>				<input type="checkbox"/> Public Holiday Service							
Phone <u>0836534758</u>				Phone <u>011 531 5300</u>				<input checked="" type="radio"/> Economy							
Destination Country		South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)						<input type="checkbox"/> After Hours							
Sender's Reference _____				Analysis Code _____				<input type="checkbox"/> BLNS Customs Tariff							
<b>SPECIAL INSTRUCTIONS</b>															
Tariff Code _____				Bill To 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 OWNER'S RISK SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. DSV DISTRIBUTION LIMITS ITS LIABILITY TO \$1000.00 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 _____											
<b>Total Parcels</b>				No. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)					
1				1		76		59		48					
Goods received in full without damage (unless endorsed) Name of Receiver (PLEASE PRINT CLEARLY) <u>G E O R G E S</u>				Received by DSV Name of Courier (PLEASE PRINT CLEARLY) <u>T H U L A N I</u>				29							
Date Received: <u>26 03 19</u>				Time Received: <u>11 30</u>											
Signature: <u>[Signature]</u>				Date Received: <u>20 03 19</u>								Time Received: <u>10 39</u>			
				Signature: <u>[Signature]</u>											