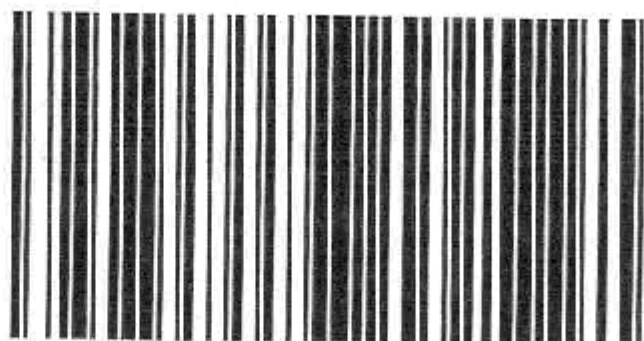


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD30580048

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ADDITIONAL
TRACKING
NUMBERS

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Atm solutions</u>		Company Name <u>Atm solutions</u>				<input type="checkbox"/> Same Day	
Street Address <u>13 maphuti crescent</u>		Street Address <u>Friedman Schacker Building 75 2nd Avenue</u>				<input type="checkbox"/> Express	
Suburb <u>Sidwaddwa View</u>		Suburb <u>Newton Park</u>				<input type="checkbox"/> With Sunrise Option	
City / Town <u>Mthatha</u> Postal Code <u>2710</u>		City / Town <u>PE</u> Postal Code <u>2000</u>				<input type="checkbox"/> With Saturday Service	
Contact <u>Sonwabo</u>		Contact <u>Eugene VAN Tonder</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>0836524758</u>		Phone <u>0836000338</u>				<input type="checkbox"/> Economy	
Destination Country <u>South Africa</u>		<input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)				<input type="checkbox"/> After Hours	
Sender's Reference <u> </u>		Analysis Code <u> </u>				<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS							
Tariff Code <u> </u>		Bill To <input 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 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 14.6 AND 14.7 OVERLEAF)							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number <u> </u>					
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)		
<u>1</u>	<u>28</u>	<u>22</u>	<u>21</u>	<u>2</u>			
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
<u>ANASTASIA</u>				<u>MASHA</u>			
Date Received:		Time Received:		Date Received:		Time Received:	
<u>020919</u>		<u>1215</u>		<u>290319</u>		<u>0945</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			

