

CONTRACT FOR CARRIAGE / DISPATCH NOTE

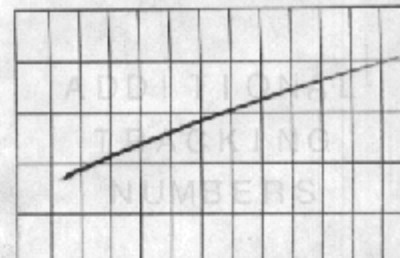


DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT No. 4880189685



SUBBD29200928

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ACCOUNTS COPY

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name: <u>ATM SOL PP</u>		Company Name: <u>ATM SOL JHB</u>		<input type="checkbox"/> Same Day	
Street Address: <u>6 PEISSLAND DR.</u>		Street Address: <u>7 DELPHI STR</u>		<input type="checkbox"/> Express	
Suburb: <u>moreburg</u>		Suburb: <u>KEURM</u>		<input type="checkbox"/> With Sunrise Option	
City/Town: <u>PIS</u> Postal Code: <u>4240</u>		City/Town: <u>JHB</u> Postal Code: <u>2016</u>		<input type="checkbox"/> With Saturday Service	
Contact: <u>KISHAL: 083 603 4944</u>		Contact: <u>CHAD RUS</u>		<input type="checkbox"/> Public Holiday Service	
Phone: <u>083 603 4944</u>		Phone: <u>083 603 4944</u>		<input checked="" type="checkbox"/> Economy	
Destination Country: <u>South Africa</u> <input checked="" type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other <input type="checkbox"/> (Please Specify)				<input type="checkbox"/> After Hours	
Sender's Reference: <u>027266</u>		Analysis Code: <u>027266</u>		<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS				1. ONLINE <input type="checkbox"/>	
Tariff Code: <u>027266</u>		Bill To: <input 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) <u>11</u>	
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 14.5, 14.6 AND 14.7 OVERLEAF).					
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		SENDER'S AUTHORIZED SIGNATURE <u>[Signature]</u> DATE <u>26/01/18</u>	
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	
<u>1</u>	<u>1</u>	<u>35</u>	<u>26</u>	<u>61</u>	
Goods received in full without damage (unless endorsed)		Received By DSV		Depot Hand In	
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)		Liability: Value For Loss or Damage <input type="checkbox"/>	
Date Received: <u>DDMMYY</u>		Date Received: <u>260819</u>		Liability: (Costs Incidental To Loss, Damage Or Delay) <input type="checkbox"/>	
Time Received: <u>HHMM</u>		Time Received: <u>1610</u>		R <input type="checkbox"/>	
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>		R <input type="checkbox"/>	

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VAT No. 4880189685



SUBBD29200928

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name	ATM JOL PP	Company Name	ATM JOL JHB
Street Address	6 FRIEDLAND DR	Street Address	7 DELPHI STR 2A01GATE
Suburb	MANOR	Suburb	KEVIN
City / Town	PTA	City / Town	JHB
Postal Code	4240	Postal Code	
Contact		Contact	
Phone		Phone	
Destination Country	South Africa	Lesotho	Namibia
	Botswana	Swaziland	Other
			(Please Specify)
Sender's Reference		Analysis Code	
SPECIAL INSTRUCTIONS Tariff Code 022266 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 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 <input type="checkbox"/>			
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)
1	1	35	26
Goods received in full without damage (unless endorsed)		Received By DSV	
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)	
GEORGES		MARKET	
Date Received:	Time Received:	Date Received:	Time Received:
27 08 19	00 09	26 08 19	16 10
Signature: 262		Signature: 262	

Mark Service Required	
Same Day	
Express	
With Sunrise Option	
With Saturday Service	
Public Holiday Service	
Economy	
After Hours	
BLNS Customs Tariff	
1. ONLINE	<input type="checkbox"/>
3. EFT	<input type="checkbox"/>
Total Mass (Kg)	11

POD COPY

Version Control (01/08/19)