

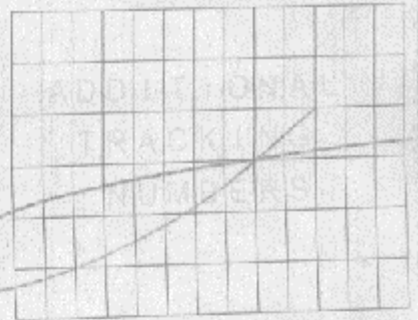
CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
t/a DSV Distribution  
PO Box 63, The Rears 0061  
Tel (012) 673-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4260213873



SUBBD25831325



Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required			
Company Name: <u>ATM SOL P/S</u>		Company Name: <u>ATM SOL WAREHOUSE</u>				<input type="checkbox"/> Same Day			
Street Address: <u>6 FRISVAND DRIVE</u>		Street Address: <u>7 DELPHE STR</u>				<input type="checkbox"/> Express			
Suburb: <u>MADURG</u>		Suburb: <u>EAST GATE</u>				<input type="checkbox"/> With Sunrise Option			
City/Town: <u>PLS</u> Postal Code: <u>1240</u>		City/Town: <u>JNB</u> Postal Code: _____				<input type="checkbox"/> With Saturday Service			
Contact: _____		Contact: <u>GEORGES</u>				<input type="checkbox"/> Public Holiday Service			
Phone: _____		Phone: _____				<input checked="" type="checkbox"/> Economy			
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)		Analysis Code: _____				<input type="checkbox"/> After Hours			
Sender's Reference: _____		Analysis Code: _____				<input type="checkbox"/> BLNS Customs Tariff			
<b>SPECIAL INSTRUCTIONS</b>						<input type="checkbox"/> 1. ONLINE			
Bill Charges To Account No. <u>02776C</u>		Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		<input type="checkbox"/> 3. EFT			
Other (Name Please) <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 12.4 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 12.5 OVERLEAF). IF YOU WISH DSV DISTRIBUTION TO ACCEPT A HIGHER LIABILITY THE VALUE OF THE SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSE 12.5, 12.6 AND 12.7 OVERLEAF).						10			
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number _____						SENDER'S AUTHORIZED SIGNATURE: <u>[Signature]</u> DATE: <u>10/2/18</u>			
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
1		1		60		36		26	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>GEORGES</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>MAR 20</u>					
Date Received: <u>21 02 18</u>		Time Received: <u>08 58</u>		Date Received: <u>10 02 18</u>		Time Received: <u>14 12 5</u>			
Signature: <u>[Signature]</u>				Signature: _____					

POD COPY

Version Control (gsc/ptm)