

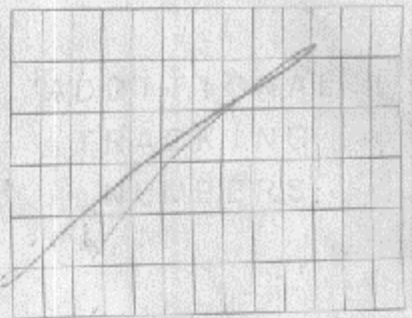
CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4250213873



SUBBD25831329



Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required	
Company Name: <u>ATM SOL PORT / SHED</u>		Company Name: <u>ATM SOL LOCKS</u>					<input type="checkbox"/> Same Day	
Street Address: <u>6 PEISSLAND DRIVE</u>		Street Address: <u>7 DELPHI STR. EXT 18 EASTGATE KELYIN</u>					<input checked="" type="checkbox"/> Express	
Suburb: <u>MARKBURGH</u>		Suburb: <u>KELYIN</u>					<input type="checkbox"/> With Sunrise Option	
City/Town: <u>PT</u> Postal Code: <u>4240</u>		City/Town: <u>JHB</u> Postal Code: _____					<input type="checkbox"/> With Saturday Service	
Contact: _____		Contact: <u>SOPHIE</u>					<input type="checkbox"/> Public Holiday Service	
Phone: _____		Phone: _____					<input 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	
SPECIAL INSTRUCTIONS Bill Charges To Account No. <u>029765</u> Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> 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 THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSE 12.5, 12.6 AND 12.7 OVERLEAF). SENDER'S AUTHORISED SIGNATURE: _____ DATE: <u>12/2/13</u>								
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number _____								
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)			Total Mass (Kg)
<u>1</u>		<u>1</u>	<u>40</u>	<u>30</u>	<u>1</u>			
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>MARSH</u>				
Date Received: <u>130213</u>		Time Received: <u>0902</u>		Date Received: <u>1020213</u>		Time Received: <u>1610</u>		
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>				

POD COPY

Revision Control: 04/2010