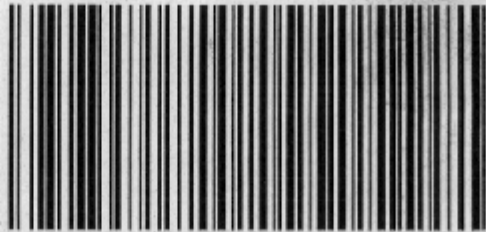


CONTRACT FOR CARRIAGE / DISPATCH NOTE

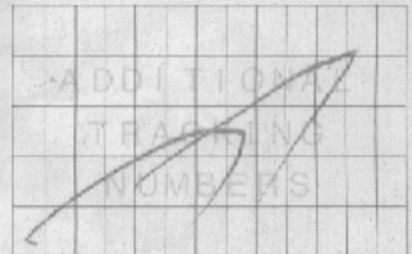
2 2 2 E E E 2 2 2



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. 4880169685



SUBBD29200910



Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name: <u>ATM SOLUTIONS</u>		Company Name: <u>ATM Sol WAREHOUSE</u>						<input type="checkbox"/> Same Day	
Street Address: <u>6 FRIESWONDS DR</u>		Street Address: <u>7 PULPHI JTR EASTGATE</u>						<input type="checkbox"/> Express	
Suburb: <u>MARBURG</u>		Suburb: <u>KRUIW</u>						<input type="checkbox"/> With Sunrise Option	
City/Town: <u>PTJ</u> Postal Code: <u>4240</u>		City/Town: <u>JHB</u> Postal Code: _____						<input type="checkbox"/> With Saturday Service	
Contact: _____		Contact: <u>GEORGE</u>						<input type="checkbox"/> Public Holiday Service	
Phone: _____		Phone: _____						<input checked="" type="checkbox"/> Economy	
Destination Country: <input 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)								<input type="checkbox"/> After Hours	
Sender's Reference: _____		Analysis Code: _____						<input type="checkbox"/> BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>									
Tariff Code: <u>027766</u>		Bill To Sender: <input type="checkbox"/>		Consignee: <input type="checkbox"/>		Other (Name Please): <input type="checkbox"/>		1. ONLINE <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 14.5 14.6 AND 14.7 OVERLEAF).									
e-mail / Fax / Proof of Delivery <input type="checkbox"/>						e-mail Address / Fax Number: _____			
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>		<b>HEIGHT (CM)</b>	
1		1		60		30		68	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>Johannes</u>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) _____				
Date Received: <u>11/04/19</u>		Time Received: <u>0941</u>			Date Received: _____		Time Received: _____		
Signature: <u>[Signature]</u>					Signature: _____				

POD COPY

Version Control (01/2018)

7/4/19

SENDER'S AUTHORIZED SIGNATURE

DATE

Total Mass (Kg)

11

