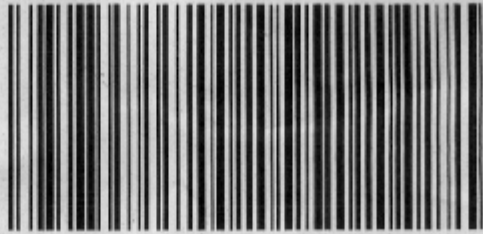


CONTRACT FOR CARRIAGE / DISPATCH NOTE

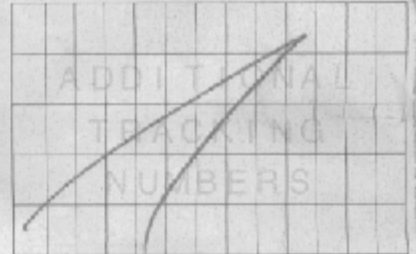
2 2 2 E E E 2 2 2



DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 53, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT. No. 4880189585



SUBBD29200925



Sender's Details Company Name: <u>ATM JOL P/L</u> Street Address: <u>6 FRIESTLAND DR</u> Suburb: <u>MARBURG</u> City/Town: <u>PH</u> Postal Code: <u>4240</u> Contact: _____ Phone: _____		Consignee's Details. Full Street Address Please Company Name: <u>ATM JOL WAK 2ND WJ</u> Street Address: <u>7 PELPHI STR</u> Suburb: <u>EASTGATE KELWIN</u> City/Town: <u>JNB</u> Postal Code: _____ Contact: _____ Phone: <u>(011) 600 1000</u>		Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours BLNS Customs Tariff	
Destination Country: <u>South Africa</u> <input checked="" type="checkbox"/> Botswana Lesotho Namibia Swaziland Other (Please Specify)		Sender's Reference: _____ Analysis Code: _____			
SPECIAL INSTRUCTIONS Tariff Code: <u>027766</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 14.5 14.6 AND 14.7 OVERLEAF).					
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number _____		SENDER'S AUTHORISED SIGNATURE: <u>[Signature]</u> DATE: <u>28/7/19</u>			
Total Parcels: <u>1</u>	NO. OF PARCELS PER DIMENSIONS: <u>1</u>	LENGTH (CM): <u>64</u>	WIDTH (CM): <u>50</u>	HEIGHT (CM): <u>36</u>	Total Mass (Kg): <u>18</u>
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>GEORGES</u> Date Received: <u>30/07/19</u> Time Received: <u>12:00</u> Signature: <u>[Signature]</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <u>MARLYN</u> Date Received: <u>29/07/19</u> Time Received: <u>15:00</u> Signature: <u>[Signature]</u>			

POD COPY

Version: Control (01/03/18)