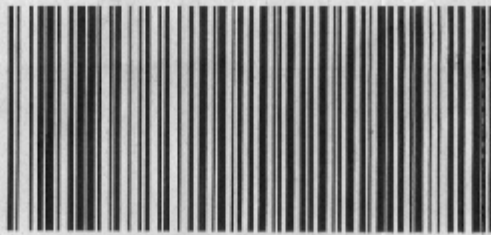
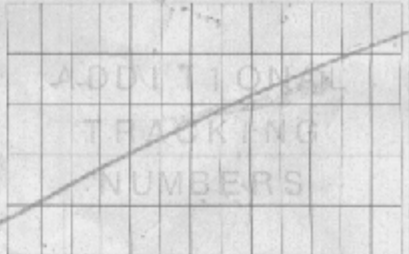




DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 9061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT No. 4880189685



SUBBD29212103



Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required		
Company Name	ATM SOL PLS	Company Name	ATM SOL WAREHOUSE					<input type="checkbox"/> Same Day	
Street Address	6 FRIESLANNA DR	Street Address	2 DELPHI STR EASTVALE					<input type="checkbox"/> Express	
Suburb	MARBURG	Suburb	KESLVIN					<input type="checkbox"/> With Sunrise Option	
City/Town	PLS	City/Town	JHB					<input type="checkbox"/> With Saturday Service	
Postal Code	H240	Postal Code						<input type="checkbox"/> Public Holiday Service	
Contact		Contact						<input type="checkbox"/> Economy	
Phone		Phone	060665					<input type="checkbox"/> After Hours	
Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other	<input type="checkbox"/> BLNS Customs Tariff		
Sender's Reference						Analysis Code			
SPECIAL INSTRUCTIONS									
Tariff Code	02776	Bill To Sender	<input type="checkbox"/>	Consignee	<input type="checkbox"/>	Other (Name Please)	<input type="checkbox"/>	<input type="checkbox"/> 1. ONLINE	
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)									
SENDER'S AUTHORISED SIGNATURE						DATE		<input type="checkbox"/> 3. EFT	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>						e-mail Address / Fax Number		Total Mass (Kg)	
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	28			
1			81	41	65				
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY)				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)					
GEORGES				MARLEN					
Date Received:		Time Received:		Date Received:		Time Received:			
04 01 19		09 42		2017 12 18		13 47			
Signature:				Signature:					

POD COPY

Version Control: (01/2016)