

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
 1/4 DSV Distribution
 PO Box 63, The Reeds 0061
 Tel (012) 673-2000
 Reg. No. 2000/016342/07
 VAT No. 4880189585



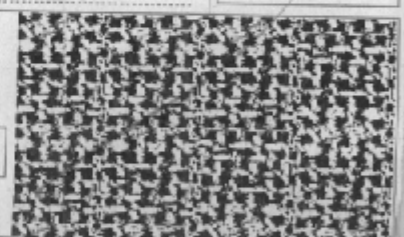
SUBBD29212104

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SUB HTI 3662000			
ADDITIONAL			
TRACKING			
NUMBERS			

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name: ATW SOL PLS		Company Name: ATW SOL WAREHOUSE						<input type="checkbox"/> Same Day	
Street Address: 6 FRIJOLANA DR		Street Address: 7 DELPHI STR						<input type="checkbox"/> Express	
Suburb: MARBUDA		Suburb: EASTGATE						<input type="checkbox"/> With Sunrise Option	
City/Town: PLS Postal Code: H240		City/Town: KELVIN						<input type="checkbox"/> With Saturday Service	
Contact: _____		Contact: _____						<input type="checkbox"/> Public Holiday Service	
Phone: _____		Phone: 450 P 133						<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	
Other: _____ (Please Specify)		Analysis Code: _____		Analysis Code: _____		Analysis Code: _____		Analysis Code: _____	
SPECIAL INSTRUCTIONS Tariff Code: 027266 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 _____							
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
2		1		40		30		1	
		1		80		41		60	
Total Mass (Kg)									
37									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) GEORGES					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) MARK W				
Date Received: 040119					Date Received: 020119				
Time Received: 0942					Time Received: 700				
Signature: <i>[Signature]</i>					Signature: <i>[Signature]</i>				



Version Control (01/01/19)