

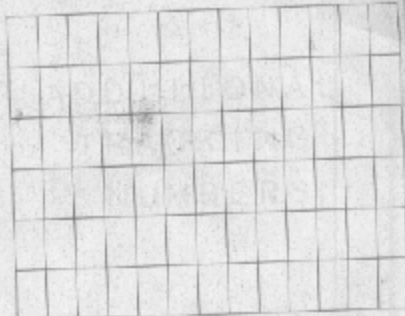
# CONTRACT FOR CARRIAGE / DISPATCH NOTE



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. 4280219673



SUBBD26414515



Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>ATM SOLUTIONS</b>		Company Name <b>ATM SOLUTIONS</b>				<input type="checkbox"/> Same Day	
Street Address <b>7 DELPH STREET</b>		Street Address <b>DSV DEPOT</b>				<input type="checkbox"/> Express	
						<input type="checkbox"/> With Sunrise Option	
		<b>PORT SHEPSTONE</b>				<input type="checkbox"/> With Saturday Service	
						<input type="checkbox"/> Public Holiday Service	
Suburb <b>SANDTON</b>		Suburb				<input checked="" type="checkbox"/> Economy	
City / Town <b>JNB</b>		City / Town <b>PORT SHEPSTONE</b>				<input type="checkbox"/> After Hours	
Postal Code		Postal Code <b>2050</b>				<input type="checkbox"/> BLNS Customs Tariff	
Contact		Contact <b>KISHAL HARI</b>					
Phone		Phone <b>083 603 4944</b>					
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)					
Sender's Reference		Analysis Code					
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <b>027766</b> Bill To <input checked="" type="checkbox"/> Sender                 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 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).							
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)	
<b>1</b>				<b>37</b>		<b>35</b>	
						<b>31</b>	
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
<b>BALIS</b>				<b>HERBERT</b>			
Date Received:				Date Received:			
<b>25 09 18</b>				<b>21 09 18</b>			
Time Received:				Time Received:			
<b>13 48</b>				<b>14 00</b>			
Signature:				Signature: <b>S</b>			

POD COPY

Version Control (06/2016)

21/9/2018

Total Mass (Kg)