

CONTRACT FOR CARRIAGE / DISPATCH NOTE

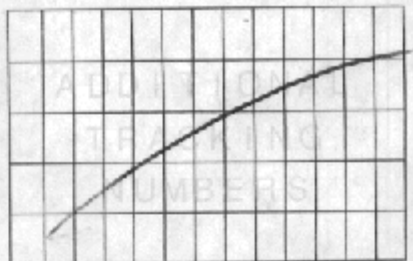


DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT No. 4880189685



SUBBD29212096

777CCC777



ACCOUNTS COPY

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name <u>ATM JOL P/L</u>		Company Name <u>ATM JOL VAREMOVIS</u>		<input type="checkbox"/> Same Day	
Street Address <u>6 FREIGHT</u>		Street Address <u>7 DENOM</u>		<input type="checkbox"/> Express	
Suburb <u>WATERBURG</u>		Suburb <u>KENYIM</u>		<input type="checkbox"/> With Sunrise Option	
City / Town <u>P/L</u> Postal Code		City / Town <u>SNB</u> Postal Code		<input type="checkbox"/> With Saturday Service	
Contact		Contact <u>GROKOS</u>		<input type="checkbox"/> Public Holiday Service	
Phone		Phone		<input checked="" type="checkbox"/> Economy	
Destination Country <u>South Africa</u>		Lesotho Namibia Swaziland Other (Please Specify)		<input type="checkbox"/> After Hours	
Sender's Reference		Analysis Code		BLMS Customs Tariff	
SPECIAL INSTRUCTIONS					
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 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, 14.8 AND 14.7 OVERLEAF).					
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		3. EFT <input type="checkbox"/>	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		Total Mass (Kg)	
1		1		9	
LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
38		38		50	
Goods received in full without damage (unless endorsed)		Received By DSV		Depot Hand In	
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)		Liability: Value For Loss or Damage	
Date Received: DDMMYY		Date Received: DDMMYY		R <input type="checkbox"/>	
Time Received: HHMM		Time Received: HHMM		Liability: (Costs Incidental) To Loss, Damage Or Delay	
Signature:		Signature:		R <input type="checkbox"/>	

Version Control (01/2018)