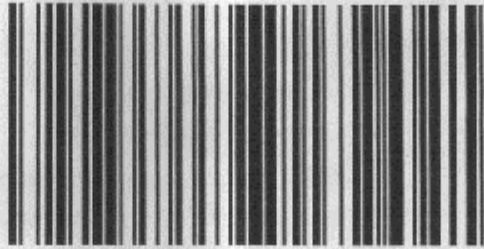


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 53, The Reeds 0061
Tel: 012 664 2000
Reg. No. 2000/016312/07
VAT No. 4880189685



SUBBD26714492

2 2 2 E E E 2 2 2

Sender's Details Company Name: ATM SOLUTIONS Street Address: 7 DELPH STREET Suburb: SANDTON City / Town: JNB Postal Code: _____ Contact: _____ Phone: _____		Consignee's Details. Full Street Address Please Company Name: ATM SOLUTIONS Street Address: DSV DEPOT Suburb: PORT SHEPSTONE City / Town: PORT SHEPSTONE (PSH) Contact: KISHAL HART Phone: 083 603 4944		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 <input type="checkbox"/> BLNS Customs Tariff																	
Destination Country: South Africa		(Please Specify)		1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/>																	
Sender's Reference: _____		Analysis Code: _____																			
SPECIAL INSTRUCTIONS Bill Charges To Account No: 027766 Bill To: <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) _____ 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 250.00 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: 20/3/18																					
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number: _____																					
<table border="1"> <thead> <tr> <th>Total Parcels</th> <th>NO. OF PARCELS PER DIMENSIONS</th> <th>LENGTH (CM)</th> <th>WIDTH (CM)</th> <th>HEIGHT (CM)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	1											
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