

CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD26714496

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|--|--|---|--|---|--|---|--|
| Sender's Details | | Consignee's Details. Full Street Address Please | | | | Mark Service Required | |
| Company Name ATM SOLUTIONS 7 DELPH STREET | | Company Name ATM SOLUTIONS DSV DEPOT | | | | <input type="checkbox"/> Same Day | |
| Street Address | | Street Address | | | | <input type="checkbox"/> Express | |
| Suburb SANDTON | | Suburb | | | | <input type="checkbox"/> With Sunrise Option | |
| City / Town JNB Postal Code | | City / Town PORT SHEPSTONE Postal Code | | | | <input type="checkbox"/> With Saturday Service | |
| Contact | | Contact KISHAL HART | | | | <input type="checkbox"/> Public Holiday Service | |
| Phone | | Phone 083 603 4944 | | | | <input checked="" type="checkbox"/> Economy | |
| Destination Country | | South Africa | | Botswana | | <input type="checkbox"/> After Hours | |
| Lesotho | | Namibia | | Swaziland | | Other (Please Specify) | |
| Sender's Reference | | Analysis Code | | | | BLNS Customs Tariff | |
| SPECIAL INSTRUCTIONS | | | | | | | |
| Bill Charges To Account No. 027766 | | Bill To <input checked="" type="checkbox"/> Sender | | Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> | | 1. ONLINE <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 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). | | | | | | | |
| 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) | | | | | | | |
| 1 | | | | | | | |
| Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) S. Pillay | | | | Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) M. D. S. | | | |
| Date Received: 03 05 18 | | Time Received: 12 05 | | Date Received: 03 05 18 | | Time Received: 13 00 | |
| Signature: S. Pillay | | | | Signature: M. D. S. | | | |
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