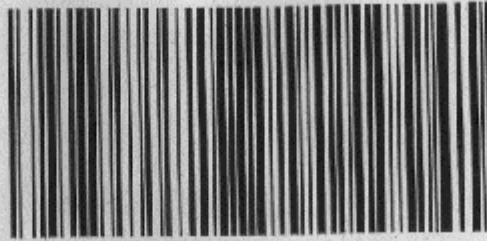


CONTRACT FOR CARRIAGE / DISPATCH NOTE

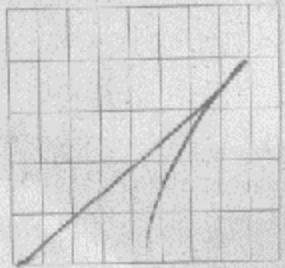



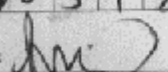
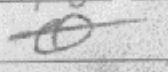
DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2000/016342/07  
VAT No. 4880189685



SUBBD27561350

2 2 2 E E E 2 2 2



Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name: <b>ATM SOL PH</b>		Company Name: <b>ATM SOL WAREHOUSE</b>						Same Day	
Street Address: <b>6 FRIJLAND DRIVE</b>		Street Address: <b>7 DEURHUISR EASTGATE</b>						Express	
Suburb: <b>MARBURGH</b>		Suburb: <b>KENNING</b>						With Sunrise Option	
City/Town: <b>P/S</b> Postal Code: <b>4240</b>		City/Town: <b>JHB</b> Postal Code: <b></b>						With Saturday Service	
Contact: <b></b>		Contact: <b>GEORGE S</b>						Public Holiday Service	
Phone: <b></b>		Phone: <b></b>						Economy <input checked="" type="checkbox"/>	
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)								After Hours	
Sender's Reference: <b></b>		Analysis Code: <b></b>						BLN Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <b>027766</b> Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <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 230.00 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).								1. ONLINE <input type="checkbox"/>  3. EFT <input type="checkbox"/>	
SENDER'S AUTHORIZED SIGNATURE  DATE <b>14/5/18</b>								Total Mass (Kg)	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number <b></b>									
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)					
<b>1</b>	<b>1</b>	<b>74</b>	<b>38</b>	<b>50</b>	<b>20</b>				
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>Johannes</b>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>MARK</b>				
Date Received: <b>150518</b> Time Received: <b>0953</b>					Date Received: <b>140518</b> Time Received: <b>1730</b>				
Signature: 					Signature: 				

POD COPY

Version Control: 01/05/2017