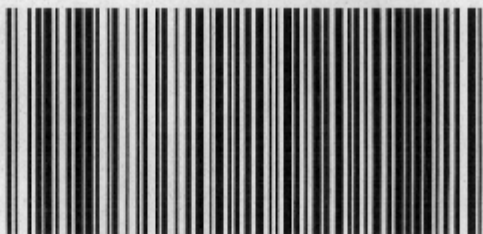


CONTRACT FOR CARRIAGE / DISPATCH NOTE

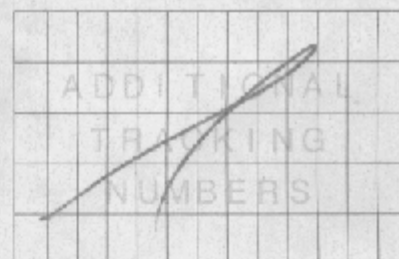


DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel: (012) 673-2000
Reg. No. 2000/016342/07
VAT No. 4880189685



SUBBD29200917

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POD COPY

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name: <u>ATM for PLS</u>		Company Name: <u>ATM JOE WAREHOUSE</u>		<input type="checkbox"/> Same Day	
Street Address: <u>6 FRISLAND DR</u>		Street Address: <u>7 ALPHI STR EATHTATE</u>		<input type="checkbox"/> Express	
Suburb: <u>MARBURG</u>		Suburb: <u>KENIL</u>		<input type="checkbox"/> With Sunrise Option	
City / Town: <u>PLS</u> Postal Code: <u>4240</u>		City / Town: <u>JNB</u> Postal Code: _____		<input type="checkbox"/> With Saturday Service	
Contact: _____		Contact: <u>430 RUS</u>		<input type="checkbox"/> Public Holiday Service	
Phone: _____		Phone: _____		<input checked="" type="checkbox"/> Economy	
Destination Country: <input 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)				<input type="checkbox"/> After Hours	
Sender's Reference: _____		Analysis Code: _____		BLNS Customs Tariff: _____	
SPECIAL INSTRUCTIONS Tariff Code: <u>02A76C</u> Bill To <input type="checkbox"/> Sender <input type="checkbox"/> 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 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 14.6 AND 14.7 OVERLEAF)					
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number: _____		1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/>	
Total Parcels <input type="text" value="1"/>		NO. OF PARCELS PER DIMENSIONS LENGTH (CM) _____ WIDTH (CM) _____ HEIGHT (CM) _____		Total Mass (Kg) _____	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>GEORGES</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>ALEX</u>			
Date Received: <u>040619</u> Time Received: <u>0957</u>		Date Received: <u>030619</u> Time Received: <u>1645</u>			
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>			