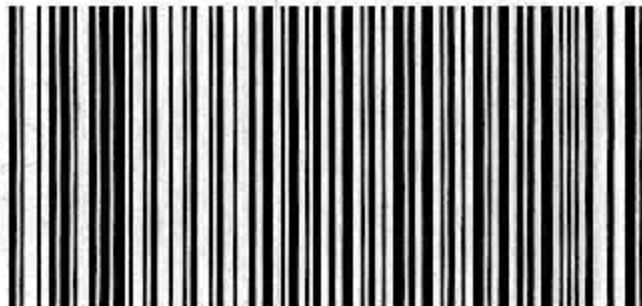


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD29242412

2 2 2 E E E 2 2 2

SUBBD14318253

ADDITIONAL TRACKING NUMBERS

| Sender's Details | | Consignee's Details. Full Street Address Please | | | | Mark Service Required | |
|---|---------------------------|---|---------------------------|--|---|--|--|
| Company Name ATM SOLUTIONS | | Company Name ATM SOLUTIONS UMTATA | | | | <input type="checkbox"/> Same Day | |
| Street Address 7 DELPHI STREET | | Street Address 13 MAPHUZI CRESCENT SIDWADWA VIEW | | | | <input type="checkbox"/> Express | |
| Suburb SANDTON | | Suburb UMTATA | | | | <input type="checkbox"/> With Sunrise Option | |
| City / Town JNB | Postal Code 2196 | City / Town MTSHATHA (UMTATA) (JNB) | Postal Code | | <input type="checkbox"/> With Saturday Service | | |
| Contact MORATUWA | Phone 011 555 5500 | Contact SONWABO | Phone 083 653 4758 | | <input type="checkbox"/> Public Holiday Service | | |
| 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) | | | | | | <input checked="" type="checkbox"/> Economy | |
| Sender's Reference | | Analysis Code | | | | <input type="checkbox"/> After Hours | |

SPECIAL INSTRUCTIONS

Tariff Code **027766** Bill To ☒ Sender ☐ Consignee ☐ 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 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 ☐ e-mail Address / Fax Number

| Total Parcels | NO. OF PARCELS PER DIMENSIONS | LENGTH (CM) | WIDTH (CM) | HEIGHT (CM) |
|---------------|-------------------------------|-------------|------------|-------------|
| 2 | | | | |

Goods received in full without damage (unless endorsed)
Name Of Receiver (PLEASE PRINT CLEARLY)

SONWABO

Date Received:

150719

Time Received:

1253

Signature:

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY)

M. M. K. S.

Date Received:

090719

Time Received:

1333

Signature:

1. ONLINE ☐

3. EFT ☐

Total Mass (Kg)

POD COPY