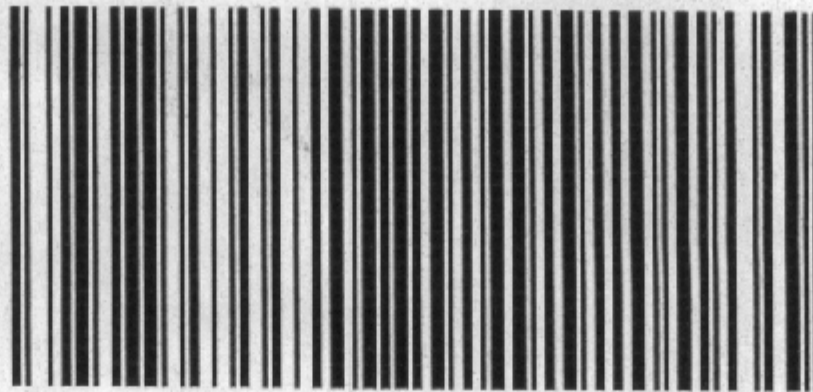


CONTRACT FOR CARRIAGE / DISPATCH NOTE



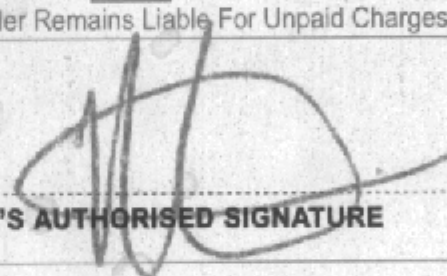

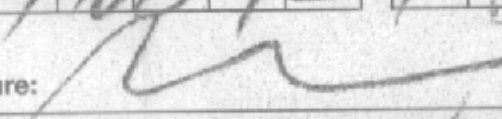
DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT. No. 4880189685



SUBBD27638821

2 2 2 E E E 2 2 2

SUBHT13851436

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name ATM SOLUTIONS		Company Name ATM SOLUTIONS LIMITED		<input type="checkbox"/> Same Day	
Street Address 7 DELPHI STREET		Street Address HOLD FOR COLLECTION @ DEPOT		<input type="checkbox"/> Express	
Suburb SANDTON		Suburb		<input type="checkbox"/> With Sunrise Option	
City / Town JNB	Postal Code 2196	City / Town UMTATA	Postal Code	<input type="checkbox"/> With Saturday Service	
Contact MORATUWA	Phone 011 555 5500 / 073 047 7017	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
Other (Please Specify)		Analysis Code		<input checked="" type="checkbox"/> Economy	
Sender's Reference		Analysis Code		<input type="checkbox"/> After Hours	
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).					
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 2		NO. OF PARCELS PER DIMENSIONS 2		Total Mass (Kg)	
LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
Date Received: 210818		Time Received: 10:28		SENDER'S AUTHORISED SIGNATURE  DATE 17/8/18	
Signature: 		Signature: 		Received By DSV Name Of Receiver (PLEASE PRINT CLEARLY) SONWABO Date Received: 170818 Time Received: 1400	

POD COPY