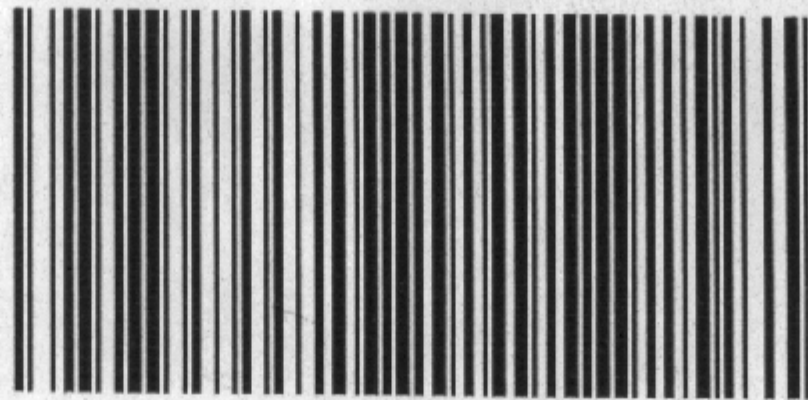


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD27638784

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name ATM SOLUTIONS		Company Name ATM SOL UMTATA		<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		Contact GONWABO		<input type="checkbox"/> Public Holiday Service	
Phone 011 555 5500 / 073 047 7017		Phone 083 653 4758		<input checked="" type="checkbox"/> Economy	
Destination Country <input checked="" type="checkbox"/> South Africa		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 Bill Charges To Account No. 027766 Bill To <input checked="" 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 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 <div style="border: 1px solid black; width: 40px; height: 40px; text-align: center; line-height: 40px;">1</div>		NO. OF PARCELS PER DIMENSIONS _____ _____ _____		LENGTH (CM) _____ WIDTH (CM) _____ HEIGHT (CM) _____	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) S O N W A B O		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) H E L B E T			
Date Received: 010918		Date Received: 290818			
Time Received: 0731		Time Received: 1430			
Signature:		Signature:			

POD COPY