

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 573-2000
Reg. No. 2000/016342/07
VAT No. 4830189685

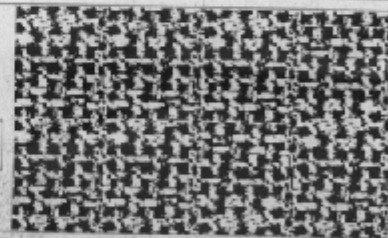


SUBBD27561335

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Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name	ATM SOL PLS	Company Name	ATM SOL WAREHOUSE	<input type="checkbox"/> Same Day	
Street Address	6 PRINCELAND DR.	Street Address	7 DORSET ST EATON	<input type="checkbox"/> Express	
Suburb	MABESBURG	Suburb	KEMPTON	<input type="checkbox"/> With Sunrise Option	
City / Town	PTA	City / Town	JHB	<input type="checkbox"/> With Saturday Service	
Contact		Contact	GEORGE S.	<input type="checkbox"/> Public Holiday Service	
Phone		Phone		<input checked="" type="checkbox"/> Economy	
Destination Country	South Africa			<input type="checkbox"/> After Hours	
Sender's Reference		Analysis Code		BLNS Customs Tariff	
SPECIAL INSTRUCTIONS Bill Charges To Account No. 029766 <input type="checkbox"/> Bill To 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 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		NO. OF PARCELS PER DIMENSIONS		Total Mass (Kg)	
LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
1		1		1	
Goods received in full without damage (unless endorsed)		Received By DSV		Name Of Receiver (PLEASE PRINT CLEARLY)	
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Receiver (PLEASE PRINT CLEARLY)	
S. Johannes		ALEX		ALEX	
Date Received:		Date Received:		Date Received:	
100818		1041		080818	
Time Received:		Time Received:		Time Received:	
1041		1300		1300	
Signature:		Signature:		Signature:	



POD COPY