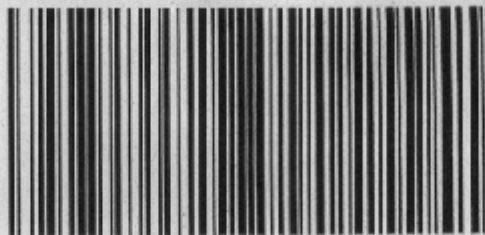


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 53, The Reeds 0061
Tel (012) 673 2000
Reg. No. 2000/016342/C7
VAT No. 4880189585



SUBBD27561340

2 2 2 E E E 2 2 2



POD COPY

Sender's Details

Company Name ATM SOL PLS
Street Address 6 FRIEDLAND DR.
Suburb MARGURU
City / Town PLS Postal Code 4240
Contact _____
Phone _____

Consignee's Details. Full Street Address Please

Company Name ATM SOL WAREHOUSES
Street Address 7 DELPHI STR
Suburb KEVIN
City / Town JHB Postal Code _____
Contact GROENES
Phone _____

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS Customs Tariff

1. ONLINE

3. EFT

Total Mass (Kg)

SPECIAL INSTRUCTIONS

Bill Charges To Account No. 027266

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 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).

SENDER'S AUTHORIZED SIGNATURE

DATE

e-mail / Fax / Proof of Delivery

e-mail Address / Fax Number

Total Parcels

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)

GEORGES

Date Received:

17 07 18

Time Received:

0935

Signature:

[Signature]

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY)

ALEX

Date Received:

16 07 18

Time Received:

1555

Signature:

[Signature]

