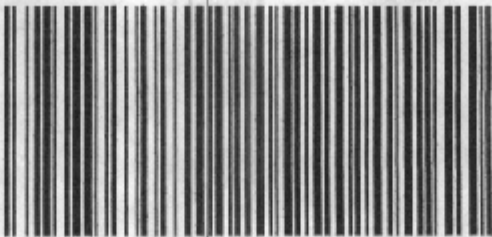


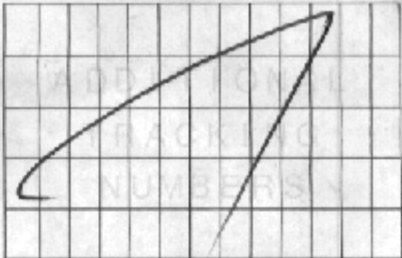


DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT No. 4880189685



SUBBD29200911

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COUNTS COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>ATM SOL PLS</u>		Company Name <u>ATM SOL WAREHOUSE</u>				<input type="checkbox"/> Same Day	
Street Address <u>6 PRINCESTON DR</u>		Street Address <u>7 PRINCESTON DR EASTGATE</u>				<input type="checkbox"/> Express	
Suburb <u>WATKINSBURG</u>		Suburb <u>KELVIN</u>				<input type="checkbox"/> With Sunrise Option	
City / Town <u>PLS</u> Postal Code <u>4240</u>		City / Town <u>JHB</u> Postal Code <u></u>				<input type="checkbox"/> With Saturday Service	
Contact <u></u>		Contact <u>CROOKET</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u></u>		Phone <u></u>				<input checked="" type="checkbox"/> Economy	
Destination Country <u>South Africa</u> <input checked="" type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other <input type="checkbox"/> (Please Specify)						<input type="checkbox"/> After Hours	
Sender's Reference <u></u>		Analysis Code <u></u>				<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS							
Tariff Code <u>627766</u>		<input type="checkbox"/> Bill To Sender		<input type="checkbox"/> Consignee		<input type="checkbox"/> Other (Name Please) <u></u>	
If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.							
<small>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 14.6 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).</small>							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number <u></u>					
Total Parcels <u>1</u>		NO. OF PARCELS PER DIMENSIONS <u>1</u>		LENGTH (CM) <u>64</u>		WIDTH (CM) <u>55</u>	
				HEIGHT (CM) <u>42</u>		Total Mass (Kg) <u>21</u>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u></u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>MARU</u>		Depot Hand In	
Date Received: <u>D D M M Y Y</u>				Date Received: <u>15 04 19</u>		Liability: Value For Loss or Damage <input type="checkbox"/>	
Time Received: <u>H H M M</u>				Time Received: <u>14 10</u>		Liability: (Costs Incidental To Loss, Damage Or Delay) <input type="checkbox"/>	
Signature: <u></u>				Signature: <u></u>		R <u></u>	