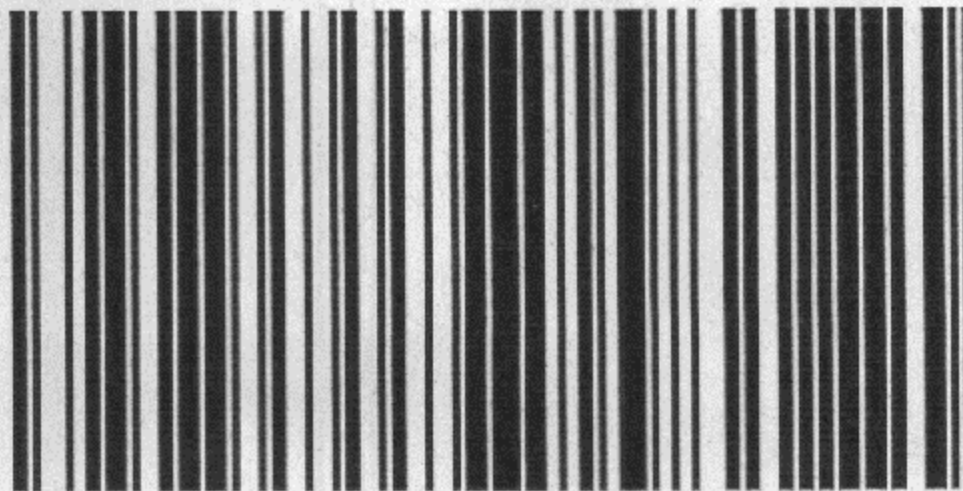


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD26846632

2 2 2 E E E 2 2 2

SUBMIT 11779513

POD COPY

Version Control (08/2017)

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: ATM SOLUTIONS JHB		Company Name: ATM SOL UNITATA				<input type="checkbox"/> Same Day	
Street Address: 7 DELPHI STC		Street Address: HOLD FOR COLLECTION				<input type="checkbox"/> Express	
EAST GATE EXT 18		@ DEPOT				<input type="checkbox"/> With Sunrise Option	
CELVIN						<input type="checkbox"/> With Saturday Service	
Suburb: SANDTON		Suburb: UNITATA				<input type="checkbox"/> Public Holiday Service	
City / Town: <input type="text"/>		City / Town: <input type="text"/>				<input type="checkbox"/> Economy	
Postal Code: <input type="text"/>		Postal Code: <input type="text"/>				<input checked="" type="checkbox"/> After Hours	
Contact: Debra		Contact: SONNABO				BLNS Customs Tariff	
Phone: 011 555 9167		Phone: <input type="text"/>					
Destination Country: <input type="text"/>		Other (Please Specify): <input type="text"/>					
South Africa		Lesotho					
Botswana		Namibia					
		Swaziland					
Sender's Reference: <input type="text"/>		Analysis Code: <input type="text"/>					
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To <input type="checkbox"/> Sender 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 <input type="text"/>							
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)	
2		2					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) S O L W A B O							
Date Received: 18/01/17				Time Received: 0940			
Signature:							
Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) H S A B E T							
Date Received: 16/01/17				Time Received: 1400			
Signature:							

