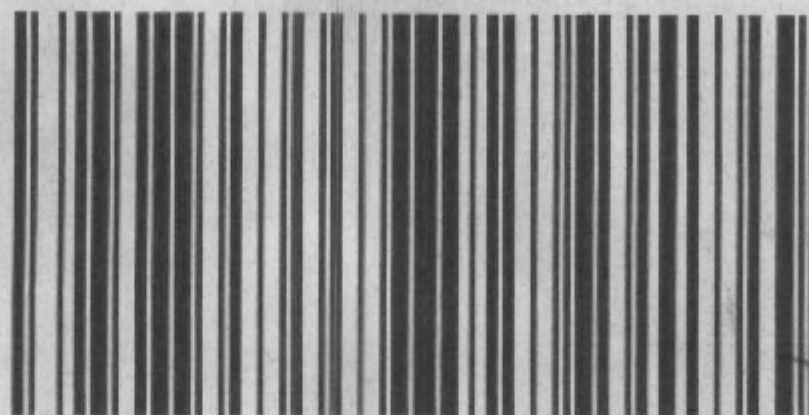


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD26414512

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name ATM SOLUTIONS Street Address 7 DELPH STREET		Company Name ATM SOLUTIONS Street Address DSV DEPOT						<input type="checkbox"/> Same Day	
Suburb SANDTON		Suburb PORT SHEPSTONE						<input type="checkbox"/> Express	
City / Town JNB Postal Code		City / Town PORT SHEPSTONE (PSH) Postal Code						<input type="checkbox"/> With Sunrise Option	
Contact		Contact KISHAL HARI						<input type="checkbox"/> With Saturday Service	
Phone		Phone 083 603 4944						<input checked="" type="checkbox"/> Public Holiday Service	
Destination Country		South Africa <input checked="" type="checkbox"/>		Botswana		Lesotho		Namibia	
								Swaziland	
								Other (Please Specify)	
Sender's Reference								Analysis Code	
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. 027766		Bill To Sender <input checked="" type="checkbox"/>		Consignee <input checked="" type="checkbox"/>		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 12.4 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 12.5 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 12.5, 12.6 AND 12.7 OVERLEAF).									
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number							
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
1									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) BR 1 J					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) H 20 B E T				
Date Received: 29 08 18					Date Received: 29 08 18				
Time Received: 13 45					Time Received: 15 00				
Signature:					Signature:				

Total Mass (Kg)