

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 63, The Reeds 0051  
Tel (012) 673-2000  
Reg. No. 2000/016342/07  
VAT No. 4980189685



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Sender's Details

Company Name: **AIM SOLUTIONS**  
Street Address: **7 DELPHI STREET**  
Suburb: **SANDTON**  
City/Town: **JNB** Postal Code: **2196**  
Contact: **MORATUWA**  
Phone: **011 555 5500 / 073 047 7017**

Consignee's Details. Full Street Address Please

Company Name: **ATM Solutions Portshurp**  
Street Address: **HOLD FOR COLLECTION**  
Suburb: **PORT SHEPSTONE**  
City/Town: **PORT SHEPSTONE** Postal Code: **2064**  
Contact: **Kishor Har**  
Phone: **053 607 4000 8064**

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service  
Public Holiday Service

Economy

After Hours

BLNS  
Customs  
Tariff

Destination Country: South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)

Sender's Reference: **UT11601255** Analysis Code

SPECIAL INSTRUCTIONS

Bill Charges To Account No. **027766** 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

**24/12/18**

1. ONLINE

3. EFT

Total Mass (Kg)

e-mail / Fax / Proof of Delivery ☐ 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)

**BR15**

Date Received: **31/12/18** Time Received: **1030**

Signature: **[Signature]**

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY)

**[Signature]**

Date Received: **28/12/18** Time Received: **1115**

Signature: **[Signature]**

