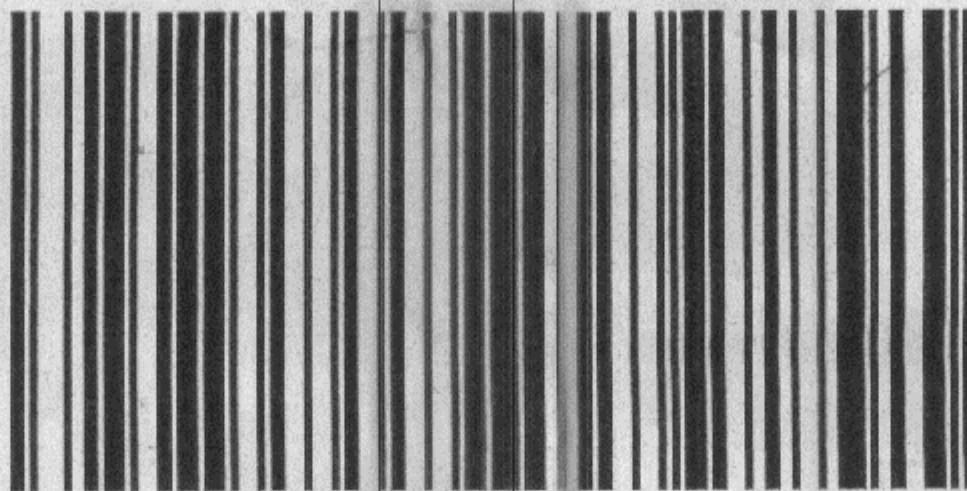


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD26414506

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name ATM SOLUTIONS 7 DELPH STREET		Company Name ATM SOLUTIONS DSV DEPOT				<input type="checkbox"/> Same Day	
Street Address		Street Address				<input type="checkbox"/> Express	
Suburb SANDTON		Suburb PORT SHEPSTONE				<input type="checkbox"/> With Sunrise Option	
City / Town JNB	Postal Code	City / Town PORT SHEPSTONE (PSH)				<input type="checkbox"/> With Saturday Service	
Contact		Contact KISHAL HAR				<input checked="" type="checkbox"/> Public Holiday Service	
Phone		Phone 083 603 4944				<input checked="" type="checkbox"/> Economy	
Destination Country		South Africa		Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference		Analysis Code					
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027766		Bill To <input checked="" 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 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		SENDER'S AUTHORISED SIGNATURE		DATE 16/5/18	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
1		17		05		52	
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
B R I J				M M K O S			
Date Received:		Time Received:		Date Received:		Time Received:	
17 05 18		13 28		16 05 18		13 50	
Signature:				Signature:			

Total Mass (Kg)

