

CONTRACT FOR CARRIAGE / DISPATCH NOTE

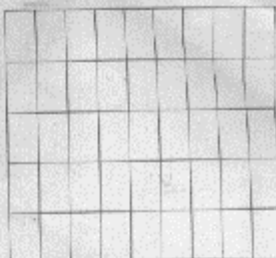


DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2000/016342/07  
VAT No. 4880189685



SUBBD26714495

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Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name <b>ATM SOLUTIONS</b>		Company Name <b>ATM SOLUTIONS</b>		<input type="checkbox"/> Same Day	
Street Address <b>7 DELPH STREET</b>		Street Address <b>DSV DEPOT</b>		<input type="checkbox"/> Express	
				<input type="checkbox"/> With Sunrise Option	
				<input type="checkbox"/> With Saturday Service	
				<input type="checkbox"/> Public Holiday Service	
Suburb <b>SANDTON</b>		Suburb <b>PORT SHEPSTONE</b>		<input checked="" type="checkbox"/> Economy	
City / Town <b>JNB</b> Postal Code		City / Town <b>PORT SHEPSTONE (PSH)</b> Postal Code		<input type="checkbox"/> After Hours	
Contact		Contact <b>KISHAL HARI</b>		<input type="checkbox"/> BLNS Customs Tariff	
Phone		Phone <b>083 603 1944</b>			
Destination Country <input checked="" type="checkbox"/> South Africa <input type="checkbox"/> Botswana		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)			
Sender's Reference		Analysis Code			
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <b>027766</b> Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> 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					
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<b>1</b>			<b>51</b>	<b>41</b>	<b>66</b>
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>BAL J</b>					
Date Received: <b>09 05 18</b>		Time Received: <b>1359</b>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>WIKOSI</b> Date Received: <b>09 05 18</b> Time Received: <b>1520</b> Signature: <i>[Signature]</i>	
Signature: <i>[Signature]</i>					
Total Mass (Kg) <b>30</b>					

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