

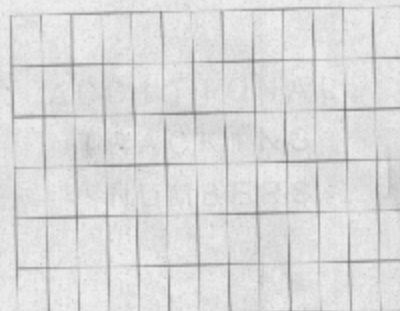
CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2300
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD26414513



Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name: ATM SOLUTIONS		Company Name: ATM SOLUTIONS		<input type="checkbox"/> Same Day	
Street Address: 7 DELPH STREET		Street Address: DSV DEPOT		<input type="checkbox"/> Express	
				<input type="checkbox"/> With Sunrise Option	
				<input type="checkbox"/> With Saturday Service	
				<input type="checkbox"/> Public Holiday Service	
Suburb: SANDTON		Suburb: PORT SHEPSTONE		<input checked="" type="checkbox"/> Economy	
City/Town: JNB Postal Code: _____		City/Town: PORT SHEPSTONE (PSH) Postal Code: _____		<input type="checkbox"/> After Hours	
Contact: _____		Contact: KISHAL HARI		<input type="checkbox"/> BLNS Customs Tariff	
Phone: _____		Phone: 083 603 4944			
Destination Country: <input checked="" type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)					
Sender's Reference: _____		Analysis Code: _____			
SPECIAL INSTRUCTIONS					
Bill Charges To Account No: 027766		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) _____		1. ONLINE <input type="checkbox"/>	
		If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.		3. EFT <input type="checkbox"/>	
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 12.6 AND 12.7 OVERLEAF).					
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number _____		Total Mass (Kg) _____	
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	
1					
Goods received in full without damage (unless endorsed)		Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY): M V S SHARI		Name Of Courier (PLEASE PRINT CLEARLY): W/COB			
Date Received: 11/09/18		Date Received: 11/09/18			
Time Received: 1057		Time Received: 1800			
Signature: _____		Signature: _____			

POD COPY

Version 09/08/2016