

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
 t/a DSV Distribution
 PO Box 63, The Reeds 0061
 Tel: (012) 673-2000
 Reg. No. 2004/016747/07
 VAT Reg. No. 4280213973



SUBBD25831348



Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name: <u>ATM SOL P/S</u>		Company Name: <u>ATM SOL WAREHOUSES</u>						<input type="checkbox"/> Same Day	
Street Address: <u>6 FRISWARD DR 142</u>		Street Address: <u>7 DELPHI STR. EASTGATE</u>						<input type="checkbox"/> Express	
Suburb: <u>WATBURD</u>		Suburb: <u>REYN</u>						<input type="checkbox"/> With Sunrise Option	
City/Town: <u>P/S</u> Postal Code: <u>4240</u>		City/Town: <u>JHB</u> Postal Code: _____						<input type="checkbox"/> With Saturday Service	
Contact: _____		Contact: _____						<input type="checkbox"/> Public Holiday Service	
Phone: _____		Phone: <u>081 623 623</u>						<input checked="" type="checkbox"/> Economy	
Destination Country: <u>South Africa</u>		Destination Country: <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)						<input type="checkbox"/> After Hours	
Sender's Reference: _____		Analyst's Code: _____						BLNS Customs Tariff	
SPECIAL INSTRUCTIONS Bill Charges To Account No: <u>027766</u> Bill To <input 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.								1. ONLINE <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 12.5, 12.6 AND 12.7 OVERLEAF).								3. EFT <input type="checkbox"/>	
SENDER'S AUTHORISED SIGNATURE: <u>[Signature]</u> DATE: <u>15/1/18</u>								Total Mass (Kg)	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number _____								16 kg	
Total Parcels: <u>1</u>		NO. OF PARCELS PER DIMENSIONS: _____		LENGTH (CM): <u>70</u>		WIDTH (CM): <u>47</u>			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>Sibusiso</u>						Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <u>MARKET</u>			
Date Received: <u>080118</u>		Time Received: <u>08:14</u>		Date Received: <u>080118</u>		Time Received: <u>17:10</u>			
Signature: <u>[Signature]</u>						Signature: <u>[Signature]</u>			

POD COPY

Version Control (3/2/2015)