

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
 PO DSV Distribution
 PO Box 83, The Reeds 0061
 Tel (012) 673-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4260213873



SUBBD26414514

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) Postal Code				<input type="checkbox"/> With Saturday Service	
Contact		Contact KISHAL HARI				<input type="checkbox"/> Public Holiday Service	
Phone		Phone 083 603 4944				<input checked="" type="checkbox"/> Economy	
Destination Country		Destination Country				<input type="checkbox"/> After Hours	
South Africa <input checked="" type="checkbox"/>		Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)				<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference		Analysis Code 3.17				<input type="checkbox"/> 1. ONLINE	
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					
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
1						3	
						52	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) BAIJ				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) [Signature]			
Date Received: 200918		Time Received: 1134		Date Received: 190718		Time Received: [Signature]	
Signature: [Signature]				Signature: [Signature]			
						Total Mass (Kg)	

POD COPY

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