

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63, The Reads 0081
Tel: (012) 873-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD26414524

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 (PSE) Postal Code					<input type="checkbox"/> With Saturday Service	
Contact		Contact KISHAL HARI					<input checked="" type="checkbox"/> Economy	
Phone		Phone 083 603 4944					<input type="checkbox"/> After Hours	
Destination Country		Destination Country					<input type="checkbox"/> BLNS Customs Tariff	
South Africa <input checked="" type="checkbox"/>		Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other <input type="checkbox"/> (Please Specify)					<input type="checkbox"/> 1. ONLINE	
Sender's Reference		Analysis Code					<input type="checkbox"/> 3. EFT	
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) <input type="checkbox"/>					Total Mass (Kg)	
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 12.6 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		e-mail Address / Fax Number						
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	HEIGHT (CM)	
1								
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY)				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)				
Date Received: 24/01/18				Date Received: 19/01/18				
Time Received: 12:38				Time Received: 14:10				
Signature:				Signature:				

POD COPY

Version Control (05/2015)