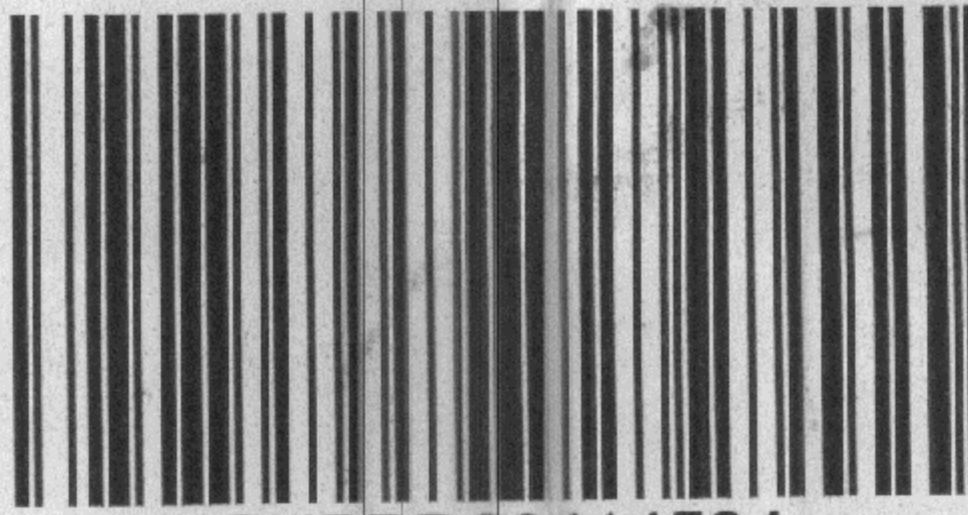


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
 t/a DSV Distribution  
 PO Box 63, The Reeds 0061  
 Tel (012) 673-2000  
 Reg. No. 2004/015747/07  
 VAT Reg. No. 4260213873



SUBBD26414534


POD COPY

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name <b>ATM SOLUTIONS</b> 7 DELPH STREET		Company Name <b>ATM SOLUTIONS</b> DSV DEPOT		<input type="checkbox"/> Same Day	
Street Address		Street Address		<input type="checkbox"/> Express	
Suburb <b>SANDTON</b>		Suburb		<input type="checkbox"/> With Sunrise Option	
City / Town <b>JNB</b> Postal Code		City / Town <b>PORT SHEPSTONE (PSH)</b> Postal Code		<input type="checkbox"/> With Saturday Service	
Contact		Contact <b>KISHAL HARI</b>		<input type="checkbox"/> Public Holiday Service	
Phone		Phone <b>083 603 4944</b>		<input type="checkbox"/> Economy	
Destination Country		(Please Specify)		<input type="checkbox"/> After Hours	
<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
Sender's Reference		Analysis Code		BLNS Customs Tariff	

**SPECIAL INSTRUCTIONS**

Bill Charges To Account No. **027766** Bill To  Sender Consignee  Other  (Name Please)

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).

**SENDER'S AUTHORISED SIGNATURE** *[Signature]* **DATE** **22/5/18**

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)	
<b>1</b>					

Goods received in full without damage (unless endorsed)		Received By DSV	
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)	
<b>SHARI</b>		<i>[Signature]</i>	
Date Received:	Time Received:	Date Received:	Time Received:
<b>23 05 18</b>	<b>1106</b>	<b>22 05 18</b>	<b>1500</b>
Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	

Version Control (06/2016)