

CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT. No. 4880189685



SUBBD26714489

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				
Suburb: SANDTON		Suburb: PORT SHEPSTONE					<input type="checkbox"/> With Sunrise Option				
City/Town: JNB	Postal Code:	City/Town: PORT SHEPSTONE (PSH)					<input type="checkbox"/> With Saturday Service				
Contact: MORHTUWA		Contact: KISHAL HARI					<input type="checkbox"/> Public Holiday Service				
Phone: 011 531 5140		Phone: 083 603 4944					<input type="checkbox"/> Economy				
Destination Country: 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"/> After Hours				
Sender's Reference:		Analysis Code:					<input type="checkbox"/> BLN5 Customs Tariff				
SPECIAL INSTRUCTIONS								<input type="checkbox"/> 1. ONLINE			
Bill Charges To Account No. 027766		Bill To Sender <input checked="" type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		<input type="checkbox"/> 3. EFT			
<p>IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER (SEE CLAUSE 14.14 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 14.6 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 14.5, 14.6 AND 14.7 OVERLEAF).</p>								<p>6/2/18</p>			
<p>Sender's Authorised Signature: <i>[Signature]</i></p>						<p>DATE</p>		<p>Total Mass (Kg)</p>			
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)		HEIGHT (CM)			
1											
<p>Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY)</p> <p>S HARI</p>				<p>Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)</p> <p>SYBIA</p>							
Date Received: 070218		Time Received: 1222		Date Received: 060218		Time Received: 1506					
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>							

POD COPY

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