

CONTRACT FOR CARRIAGE / DISPATCH NOTE

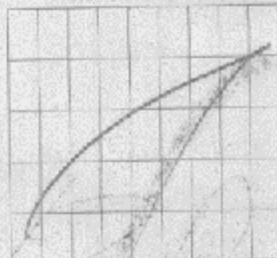


DSV Road (Pty) Ltd  
 t/a DSV Distribution  
 PO Box 63, The Reeds 0061  
 Tel: (012) 673-2000  
 Reg. No. 2000/016342/07  
 VAT. No. 4880189685



SUBBD27561344

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Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required		
Company Name: <u>ATM SOL P/L</u>	Company Name: <u>ATM SOL WAREHOUSES</u>	Street Address: <u>7 DEPUT STR EASTGATE</u>					<input type="checkbox"/> Same Day		
Street Address: <u>6 FERISSMAN DR.</u>	Street Address: <u>7 DEPUT STR EASTGATE</u>	Suburb: <u>KEURM</u>					<input type="checkbox"/> Express		
Suburb: <u>NARBURU</u>	Suburb: <u>KEURM</u>	City/Town: <u>JHB.</u> Postal Code: _____					<input type="checkbox"/> With Sunrise Option		
City/Town: <u>P/S</u> Postal Code: <u>4240</u>	City/Town: <u>JHB.</u> Postal Code: _____	Contact: <u>GEORGE</u>					<input type="checkbox"/> With Saturday Service		
Contact: _____	Contact: <u>GEORGE</u>	Phone: _____					<input type="checkbox"/> Public Holiday Service		
Phone: _____	Phone: <u>GEORGE</u>	Destination Country: <input type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)					<input checked="" type="checkbox"/> Economy		
Destination Country: _____	Destination Country: _____	Sender's Reference: _____ Analysis Code: _____					<input type="checkbox"/> After Hours		
<b>SPECIAL INSTRUCTIONS</b>								<input type="checkbox"/> BLNS Customs Tariff	
Bill Charges To Account No: <u>022766</u>	Bill To 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.				<input type="checkbox"/> 1. ONLINE	
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 14.5 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 14.5, 14.6 AND 14.7 OVERLEAF).								<input type="checkbox"/> 3. EFT	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>						e-mail Address / Fax Number		Total Mass (Kg)	
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>	<b>LENGTH (CM)</b>	<b>WIDTH (CM)</b>	<b>HEIGHT (CM)</b>				
[ ]		[ ]	[ ]	[ ]	[ ]	DATE: <u>27/6/18</u>			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>GEORGES</u>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>ALEX</u>				
Date Received: <u>27 06 18</u>					Time Received: <u>1020</u>				
Signature: <u>[Signature]</u>					Date Received: <u>26 06 18</u> Time Received: <u>1415</u>				
Signature: <u>[Signature]</u>					Signature: <u>[Signature]</u>				

POD COPY

Version Control: 08/2017