

CONTRACT FOR CARRIAGE / DISPATCH NOTE

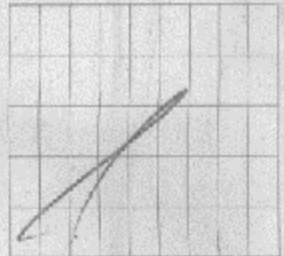


DSV Road (Pty) Ltd  
 t/a DSV Distribution  
 PO Box 63, The Reeds 0051  
 Tel (012) 673-2000  
 Reg. No. 2000/016342/07  
 VAT. No. 4880169085



SUBBD27561346

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Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required
Company Name: <u>ATM SOL PU</u>		Company Name: <u>ATM SOL WAREHOUSES</u>					<input type="checkbox"/> Same Day
Street Address: <u>6 FRIESLAND DR.</u>		Street Address: <u>7 DEEPHI STR. 21AT7GATE</u>					<input type="checkbox"/> Express
Suburb: <u>MARIVEL</u>		Suburb: <u>KELWIN</u>					<input type="checkbox"/> With Sunrise Option
City / Town: <u>R/S</u> Postal Code: <u>4240</u>		City / Town: <u>JHB</u> Postal Code: <u></u>					<input type="checkbox"/> With Saturday Service
Contact: <u></u>		Contact: <u>GEORGES</u>					<input checked="" type="checkbox"/> Public Holiday Service
Phone: <u></u>		Phone: <u></u>					<input type="checkbox"/> Economy
Destination Country: <u>South Africa</u>		Destination Country: <u>Lesotho</u> <u>Namibia</u> <u>Swaziland</u> <u>Other</u> (Please Specify)					<input type="checkbox"/> After Hours
Sender's Reference: <u></u>		Analysis Code: <u></u>					<input type="checkbox"/> BLNS Customs Tariff
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <u>072766</u>		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>					<input type="checkbox"/> 1. ONLINE
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 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).							
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number <u></u>						<input type="checkbox"/> 3. EFT	
Total Parcels: <u>1</u>		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
						HEIGHT (CM)	
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>130618</u>		Time Received: <u>0820</u>		Date Received: <u>130618</u>		Time Received: <u>1655</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			

POD COPY

Version Control (09/2017)

