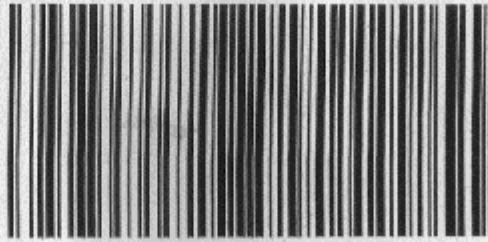


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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. 4380139565



SUBBD27561358

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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 WAREHOUSE</u>				<input type="checkbox"/> Same Day
Street Address: <u>6 FRIEDLAND DR</u>		Street Address: <u>7 DELPHIS STR. EASTGATE</u>				
Suburb: <u>MARBURGH</u>		Suburb: <u>KELVIN</u>				<input type="checkbox"/> Express
City/Town: <u>PT</u> Postal Code: <u>4290</u>		City/Town: <u>JHB.</u> Postal Code: _____				<input type="checkbox"/> With Sunrise Option
Contact: <u>KUMAR</u>		Contact: <u>GEORGES</u>				<input type="checkbox"/> With Saturday Service
Phone: _____		Phone: _____				<input type="checkbox"/> Public Holiday Service
Destination Country: <u>South Africa</u>		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other <input type="checkbox"/> (Please Specify)				<input checked="" type="checkbox"/> Economy
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>027766</u> Bill To <input type="checkbox"/> Sender Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> 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)						<input type="checkbox"/> 1. ONLINE
SENDER'S AUTHORISED SIGNATURE: <u>[Signature]</u> DATE: <u>3/4/18</u>						<input type="checkbox"/> 3. EFT
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number: _____						Total Mass (Kg)
Total Parcels: <u>2</u>		NO. OF PARCELS PER DIMENSIONS: <u>1</u>	LENGTH (CM): <u>78</u>	WIDTH (CM): <u>38</u>	HEIGHT (CM): <u>64</u>	<u>42</u>
			<u>35</u>	<u>26</u>	<u>50</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>MARUN</u>			
Date Received: <u>050418</u>		Time Received: <u>1058</u>		Date Received: <u>030418</u>		
				Time Received: <u>1810</u>		
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>		

POD COPY

Version Control (03/2017)