



DSV Road (Pty) Ltd
 t/a DSV Distribution
 PO Box 53, The Reeds 0051
 Tel (012) 673-2000
 Reg. No. 2000/016342/07
 VAT. No. 4880189685



SUBBD27638796

2 2 2 E E E 2 2 2

Sender's Details

Company Name: **ATM SOLUTIONS**
 Street Address: **7 DELPHI STREET**
 Suburb: **SANDTON**
 City/Town: **JNB** Postal Code: **2196**
 Contact: **MORATUWA**
 Phone: **011 555 5500 / 073 047 7017**

Consignee's Details. Full Street Address Please

Company Name: **ATM SOLUTIONS Port Shepston**
 Street Address: **HOLD FOR COLLECTION**
 Suburb: **Port Shepston**
 City/Town: **Port Shepston** Postal Code:
 Contact: **FISHAL**
 Phone: **083 607 8069**

Mark Service Required

- Same Day
- Express
- With Sunrise Option
- With Saturday Service
- Public Holiday Service
- Economy
- After Hours
- BLNS Customs Tariff

Destination Country: South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)

Sender's Reference: Analysis Code:

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 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).

[Signature]
 SENDER'S AUTHORISED SIGNATURE
 05/3/19
 DATE

- 1. ONLINE
- 3. EFT

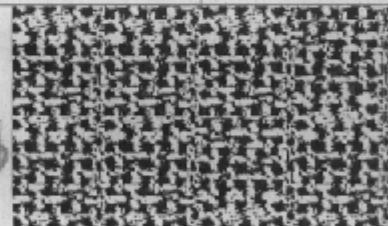
Total Mass (Kg)

e-mail / Fax / Proof of Delivery e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1				

Goods received in full without damage (unless endorsed)
 Name Of Receiver (PLEASE PRINT CLEARLY)
BR1 J
 Date Received: **08 03 19**
 Time Received: **12 45**
 Signature: *[Signature]*

Received By DSV
 Name Of Courier (PLEASE PRINT CLEARLY)
W. Mcashi
 Date Received: **05 03 19**
 Time Received: **18 59**
 Signature: *[Signature]*



POD COPY