

CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD27638803

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POD COPY

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required
Company Name: ATM SOLUTIONS		Company Name: ATM SOLUTIONS PORTSHEP					<input type="checkbox"/> Same Day
Street Address: 7 DELPHI STREET		Street Address: HOLD FOR COLLECTION					<input type="checkbox"/> Express
Suburb: SANDTON		Suburb: PORTSHEPSTON					<input type="checkbox"/> With Sunrise Option
City/Town: JNB	Postal Code: 2196	City/Town: PORTSHEPSTON		Postal Code: 		<input type="checkbox"/> With Saturday Service	
Contact: MORATUWA		Contact: KSHAL					<input type="checkbox"/> Public Holiday Service
Phone: 011 555 5500 / 073 047 7017		Phone: KSHAL					<input checked="" type="checkbox"/> Economy
Destination Country: South Africa		Other: (Please Specify)					<input type="checkbox"/> After Hours
Destination Country: <input type="checkbox"/> South Africa		Destination Country: <input type="checkbox"/> Botswana		Destination Country: <input type="checkbox"/> Lesotho		Destination Country: <input type="checkbox"/> Namibia	
Destination Country: <input type="checkbox"/> Swaziland		Destination Country: <input type="checkbox"/> Other		Destination Country: <input type="checkbox"/> Other		Destination Country: <input type="checkbox"/> Other	
Sender's Reference: 		Analysis Code: 					BLNS Customs Tariff: <input type="checkbox"/>

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).

SENDER'S AUTHORISED SIGNATURE **25/3/19**
DATE

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

Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) B R I O		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Mukul		
Date Received: 28 03 19	Time Received: 10 32	Date Received: 28 03 19	Time Received: 14 34	
Signature:	Signature:	Signature:	Signature:	