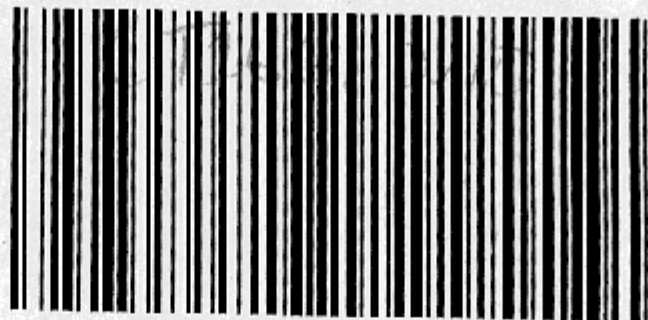


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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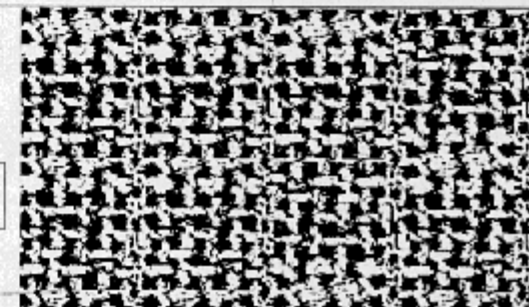


DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/01 6342/07
VAT No. 4880189685

SUBBD27638811

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: <u>ATM SOLUTIONS</u>		Company Name: <u>ATM Solutions Umhata</u>				<input type="checkbox"/> Same Day	
Street Address: <u>7 DELPHI STREET</u>		Street Address: <u>Hold for collection @ Umhata</u>				<input type="checkbox"/> Express	
Suburb: <u>SANDTON</u>		Suburb: _____				<input type="checkbox"/> With Sunrise Option	
City/Town: <u>JNB</u>	Postal Code: <u>2196</u>	City/Town: <u>UMHATA</u>	Postal Code: _____			<input type="checkbox"/> With Saturday Service	
Contact: <u>MORATUWA</u>		Contact: _____				<input type="checkbox"/> Public Holiday Service	
Phone: <u>011 555 5500 / 073 047 7017</u>		Phone: <u>083 653 4758</u>				<input checked="" type="checkbox"/> Economy	
Destination Country: <input checked="" type="checkbox"/> South Africa		<input type="checkbox"/> Botswana		<input type="checkbox"/> Lesotho		<input type="checkbox"/> After Hours	
<input type="checkbox"/> Namibia		<input type="checkbox"/> Swaziland		<input type="checkbox"/> Other (Please Specify)		<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference: _____		Analysis Code: _____				1. ONLINE <input type="checkbox"/>	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <u>027786</u>		Bill To <input checked="" type="checkbox"/> Sender		Consignee <input type="checkbox"/>		3. EFT <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).							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>				e-mail Address / Fax Number _____			
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
<input type="text" value="1"/>		_____		_____		_____	
_____		_____		_____		_____	
_____		_____		_____		_____	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>SONWALO</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>UMHATA</u>			
Date Received: <u>270219</u>		Time Received: <u>09:00</u>		Date Received: <u>270219</u>		Time Received: <u>13:55</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			
Total Mass (Kg) _____							

POD COPY



Version Control (08/2017)