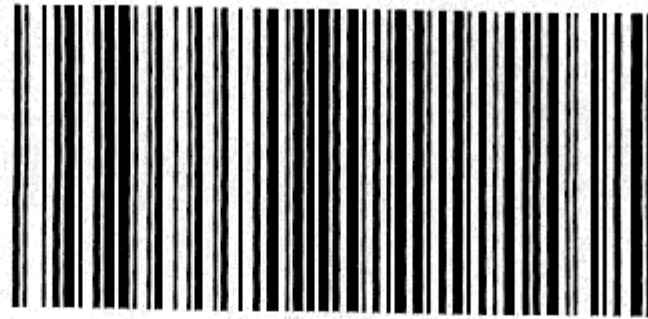


CONTRACT FOR CARRIAGE / DISPATCH NOTE



2 2 2 E E E 2 2 2



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. 4880189685

SUBHT11779727

SUBBD27638812


Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: <u>ATM SOLUTIONS</u>		Company Name: <u>ATM Solutions</u>				<input type="checkbox"/> Same Day	
Street Address: <u>7 DELPHI STREET</u>		Street Address: <u>1 hold for collection @ Umtata</u>				<input checked="" type="checkbox"/> Express	
Suburb: <u>SANDTON</u>		Suburb: <u>UMTATA</u>				<input type="checkbox"/> With Sunrise Option	
City / Town: <u>JNB</u>	Postal Code: <u>2196</u>	City / Town: <u>UMTATA</u>	Postal Code:	<input type="checkbox"/> With Saturday Service		<input type="checkbox"/> Public Holiday Service	
Contact: <u>MORATUWA</u>		Contact: <u>Sonwabo Yikuthwana</u>				<input type="checkbox"/> Economy	
Phone: <u>011 555 5500 / 073 047 7017</u>		Phone: <u>083 653 2758</u>				<input type="checkbox"/> After Hours	
Destination Country: <input checked="" type="checkbox"/> South Africa		<input type="checkbox"/> Botswana		<input type="checkbox"/> Lesotho		<input type="checkbox"/> BLNS Customs Tariff	
<input type="checkbox"/> Namibia		<input type="checkbox"/> Swaziland		<input type="checkbox"/> Other (Please Specify)		<input type="checkbox"/> 1. ONLINE	
Sender's Reference: <input type="checkbox"/>		Analysis Code: <input type="checkbox"/>				<input type="checkbox"/> 3. EFT	
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <u>027766</u>		Bill To <input checked="" type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>	
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			
<b>Total Parcels</b>		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
<input type="checkbox"/> HEIGHT (CM)							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>Sonwabo</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>MURCASH</u>			
Date Received: <u>070319</u>		Time Received: <u>08:08</u>		Date Received: <u>070319</u>		Time Received: <u>HHMM</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			

POD COPY

[Signature] 28/03/2019  
SENDER'S AUTHORISED SIGNATURE DATE

Total Mass (Kg)

