



DSV Road (Pty) Ltd  
 t/a DSV Distribution  
 PO Box 53, The Reeds 0061  
 Tel (012) 673-2000  
 Reg. No. 2003/016342/07  
 VAT No. 4880189685



SUBBD27638814

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POD COPY

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required
Company Name: <b>ATM SOLUTIONS</b>		Company Name: <b>Atm solutions</b>					<input type="checkbox"/> Same Day
Street Address: <b>7 DELPHI STREET</b>		Street Address: <b>HOLD FOR COLLECTION</b>					<input type="checkbox"/> Express
Suburb: <b>SANDTON</b>		Suburb: <b>PORTSHEPSTONE</b>					<input type="checkbox"/> With Sunrise Option
City/Town: <b>JNB</b>	Postal Code: <b>2196</b>	City/Town: <b>Sheepstone</b>	Postal Code:			<input type="checkbox"/> With Saturday Service	
Contact: <b>MORATUWA</b>		Contact: <b>Rishan</b>					<input type="checkbox"/> Public Holiday Service
Phone: <b>011 555 5500 / 073 047 7017</b>		Phone:					<input checked="" type="checkbox"/> Economy
Destination Country: <input checked="" type="checkbox"/> South Africa		Other: <input type="checkbox"/> (Please Specify)					<input type="checkbox"/> After Hours
Sender's Reference:		Analysis Code:					<input type="checkbox"/> BLNS Customs Tariff
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <b>027766</b>		Bill To: <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>					<input type="checkbox"/> 1. ONLINE
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					25/6/19 DATE		<input type="checkbox"/> 3. EFT
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number					Total Mass (Kg)
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>	<b>LENGTH (CM)</b>	<b>WIDTH (CM)</b>	<b>HEIGHT (CM)</b>		
1							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY)			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)				
BRIS			[Signature]				
Date Received: 260619		Time Received: 1110		Date Received: 250619			
Signature: [Signature]			Signature: [Signature]				