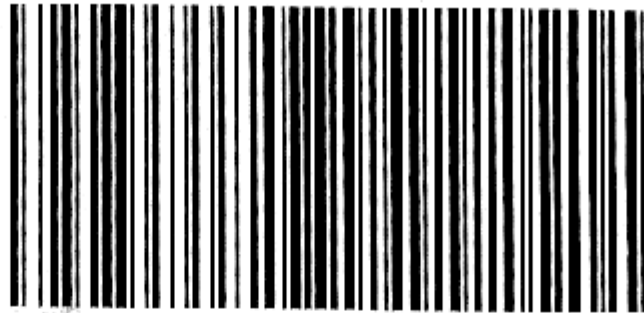


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD27638820

2 2 2 E E E 2 2 2

SUBMIT/3/28527
8528

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>ATM SOLUTIONS</u>		Company Name <u>ATM SOLUTIONS UMTATA</u>				<input type="checkbox"/> Same Day	
Street Address <u>7 DELPHI STREET</u>		Street Address <u>HOLD FOR COLLECTION</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>UMTATA</u>	Postal Code	<input type="checkbox"/> With Saturday Service		<input type="checkbox"/> Public Holiday Service	
Contact <u>MORATUWA</u>		Contact <u>SOMWABO</u>				<input checked="" type="checkbox"/> Economy	
Phone <u>011 555 5500 /073 047 7017</u>		Phone <u>083 653 4758</u>				<input type="checkbox"/> After Hours	
Destination Country		South Africa		Botswana		Lesotho	
		Namibia		Swaziland		Other (Please Specify)	
Sender's Reference		Analysis Code				BLNS Customs Tariff	
SPECIAL INSTRUCTIONS							
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 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 DISTRIBUTE 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)	
<u>3</u>		<u>3</u>					
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY) <u>SOMWABO</u>				Name Of Courier (PLEASE PRINT CLEARLY) <u>MURCOBY</u>			
Date Received: <u>07/11/18</u>		Time Received: <u>1055</u>		Date Received: <u>08/11/18</u>		Time Received: <u>1520</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			
						Total Mass (Kg)	

POD COPY

Version Control (08/2017)