

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
 1/4 DSV Distribution
 PO Box 63, The Reeds 0061
 Tel (012) 673-2000
 Reg. No. 2000/016342/07
 VAT. No. 4880189685



SUBBD29200915

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ACCOUNTS COPY

Sender's Details Company Name: <u>ATM JOL PLS</u> Street Address: <u>6 REISMANO DR</u> Suburb: <u>MARLBURGH</u> City/Town: <u>PLS</u> Postal Code: <u>1210</u> Contact: _____ Phone: _____		Consignee's Details. Full Street Address Please Company Name: <u>ATM JOL WAREHOUSE</u> Street Address: <u>7 DEURHUIS STR</u> Suburb: <u>EASTGATE</u> City/Town: <u>JB</u> Postal Code: _____ Contact: _____ Phone: <u>GEOLIES</u>		Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours <input type="checkbox"/> BLNS Customs Tariff							
Destination Country: <u>South Africa</u> <input checked="" type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify) _____	Sender's Reference: _____ Analysis Code: _____										
SPECIAL INSTRUCTIONS Tariff Code: <u>627766</u> Bill To Sender <input checked="" type="checkbox"/> 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 1000.00 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 _____		SENDER'S AUTHORIZED SIGNATURE: <u>[Signature]</u> DATE: <u>12/5/19</u>									
Total Parcels <table border="1"> <thead> <tr> <th>NO. OF PARCELS PER DIMENSIONS</th> <th>LENGTH (CM)</th> <th>WIDTH (CM)</th> <th>HEIGHT (CM)</th> </tr> </thead> <tbody> <tr> <td><u>1</u></td> <td><u>83</u></td> <td><u>42</u></td> <td><u>68</u></td> </tr> </tbody> </table>			NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	<u>1</u>	<u>83</u>	<u>42</u>	<u>68</u>	Total Mass (Kg) <u>25</u>
NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)								
<u>1</u>	<u>83</u>	<u>42</u>	<u>68</u>								
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) _____ Date Received: <u>DDMMYY</u> Time Received: <u>HHMM</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>MARLET</u> Date Received: <u>1050519</u> Time Received: <u>1655</u> Signature: <u>[Signature]</u>									
Depot Hand In Liability: Value For Loss or Damage R _____ <input type="checkbox"/> Liability: (Costs Incidental) To Loss, Damage Or Delay R _____ <input type="checkbox"/>											