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

SUBBD29200918

777CCC777

ADDITIONAL TRACKING NUMBERS

ACCOUNTS COPY

Sender's Details

Company Name: ATM SOC PTY
Street Address: 6 FRIESLAND AVE
Suburb: WARBLER
City / Town: PTA Postal Code: 0140
Contact:
Phone:

Consignee's Details. Full Street Address Please

Company Name: ATM SOC WAREHOUSE
Street Address: 7 DELPHI STR EASTGATE
Suburb: KEMPTON
City / Town: JHB Postal Code:
Contact:
Phone: (GEORGE)

Destination Country: South Africa [X] Botswana | Lesotho | Namibia | Swaziland | Other (Please Specify)

Sender's Reference: | Analysis Code:

SPECIAL INSTRUCTIONS

Tariff Code: 0247766 Bill To Sender [✓] Consignee [ ] Other (Name Please) [ ]

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).

SENDER'S AUTHORISED SIGNATURE: [signature] DATE: 10/6/19

e-mail / Fax / Proof of Delivery [ ] e-mail Address / Fax Number

Mark Service Required
Same Day
Express
With Sunrise Option
With Saturday Service
Public Holiday Service
Economy ✓
After Hours
BLNS Customs Tariff
1. ONLINE [ ]
3. EFT [ ]

Total Mass (Kg): 17

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT(CM)
1		55	40	60

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY):
Date Received: DD MM YY Time Received: HH MM
Signature:

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY): [illegible]
Date Received: 10/06/19 Time Received: 1435
Signature: [signature]

Depot Hand In

Liability: Value For Loss or Damage R 0

Liability: (Costs Incidental) To Loss, Damage Or Delay) R ..... P