

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



SUBBD29212102

2 2 2 E E E 2 2 2

SUBHT13659537  
ADDITIONAL  
TRACKING  
NUMBERS

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name: <u>ATM Sol PT</u>		Company Name: <u>ATM Sol WAREHOUSE 2</u>						<input type="checkbox"/> Same Day	
Street Address: <u>6 FRIEDRICH DR</u>		Street Address: <u>7 DISPNI STR</u>						<input type="checkbox"/> Express	
Suburb: <u>MAR BUDA</u>		Suburb: <u>EAST GATE</u>						<input type="checkbox"/> With Sunrise Option	
City / Town: <u>PT</u> Postal Code: <u>0200</u>		City / Town: <u>JHB</u> Postal Code: <u>2001</u>						<input type="checkbox"/> With Saturday Service	
Contact: <u>GEORGE</u>		Contact: <u>GEORGE</u>						<input type="checkbox"/> Public Holiday Service	
Phone: <u>020 2766</u>		Phone: <u>020 2766</u>						<input checked="" type="checkbox"/> Economy	
Destination Country: <u>South Africa</u>		Destination Country: <u>South Africa</u>						<input type="checkbox"/> After Hours	
Sender's Reference: <u>020 2766</u>		Analysis Code: <u>020 2766</u>						<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS		Billed To <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>						<input type="checkbox"/> 1. ONLINE	
Tarrif Code: <u>020 2766</u>		If Consignee Or Other (Third Party) is Billed, Sender Remains Liable For Unpaid Charges.						<input type="checkbox"/> 3. EFT	
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 AUTHORIZED SIGNATURE: <u>[Signature]</u>						DATE: <u>17/12/18</u>	
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)	HEIGHT (CM)	Total Mass (Kg)	
		2		1	63	38	52		
				1	36	25	54		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>Johannes</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>ALIV</u>		Date Received: <u>18/12/18</u>		Time Received: <u>1810</u>		Signature: <u>[Signature]</u>	
Date Received: <u>19/12/18</u>		Time Received: <u>0841</u>		Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>	

POD COPY

Version Control (01/2018)

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 0051  
Tel (012) 673-2000  
Reg. No. 2000/016342/07  
VAT. No. 4680169685



SUBBD29212102

SUBHT13659537	
ADDITIONAL	
TRACKING	
NUMBERS	

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: <u>ATM JOL RD</u>		Company Name: <u>ATM JOL WAREHOUSE</u>				<input type="checkbox"/> Same Day	
Street Address: <u>6 FREEDLAND DR</u>		Street Address: <u>7 DELPHI STR</u>				<input type="checkbox"/> Express	
Suburb: <u>MARSDEN</u>		Suburb: <u>EAST GATE</u>				<input type="checkbox"/> With Sunrise Option	
City / Town: <u>PT</u> Postal Code: <u>0210</u>		City / Town: <u>JHB</u> Postal Code: _____				<input type="checkbox"/> With Saturday Service	
Contact: _____		Contact: <u>GEORGE</u>				<input type="checkbox"/> Public Holiday Service	
Phone: _____		Phone: _____				<input checked="" type="checkbox"/> Economy	
Destination Country: <u>South Africa</u>		(Please Specify)				<input type="checkbox"/> After Hours	
Sender's Reference: _____		Analysis Code: _____				BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>							
Tarrif Code: <u>022266</u>		Bill To: <input 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 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 14.6 AND 14.7 OVERLEAF).							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>				e-mail Address / Fax Number			
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>	
2		1		63		38	
		1		36		25	
						52	
						54	
<b>Goods received in full without damage (unless endorsed)</b>				<b>Received By DSV</b>			
Name Of Receiver (PLEASE PRINT CLEARLY) <u>Johannes</u>				Name Of Courier (PLEASE PRINT CLEARLY) <u>ALEX</u>			
Date Received: <u>19/12/18</u>		Time Received: <u>0841</u>		Date Received: <u>18/12/18</u>		Time Received: <u>1810</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			
						Total Mass (Kg)	

POD COPY

Version Control: (01/2018)

17/12/18

SENDER'S AUTHORISED SIGNATURE

DATE

Total Mass (Kg)

