

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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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. 4880189665



SUBBD29212107

ADDITIONAL TRACKING NUMBERS

Sender's Details Company Name: <u>ATM del P/S</u> Street Address: <u>6 PEELERS DRIVE</u> Suburb: <u>MARLBOROUGH</u> City/Town: <u>P/S</u> Postal Code: <u>4210</u> Contact: _____ Phone: _____		Consignee's Details. Full Street Address Please Company Name: <u>ATM del WAR ENOYS</u> Street Address: <u>7 DELONI STR</u> <u>9057 GA72</u> Suburb: <u>WILLOW</u> City/Town: <u>JHB</u> Postal Code: _____ Contact: _____ Phone: <u>011 401 1111</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 type="checkbox"/> Economy <input type="checkbox"/> After Hours			
Destination Country: <input checked="" type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify) _____		Analysis Code: _____				<input type="checkbox"/> BLNS Customs Tariff			
Sender's Reference: _____		1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/>				Total Mass (Kg) <u>32</u>			
SPECIAL INSTRUCTIONS Tariff Code: <u>027266</u> Bill To: <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) _____ 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>21/1/19</u>				Total Mass (Kg)			
Total Parcels: <u>1</u>		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM): <u>78</u>		WIDTH (CM): <u>37</u>		HEIGHT (CM): <u>90</u>	
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>MARKUET</u>					
Date Received: <u>24/01/19</u>		Time Received: <u>1015</u>		Date Received: <u>22/01/19</u>		Time Received: <u>1125</u>		Signature: <u>[Signature]</u>	

POD COPY

Version Control (01/2018)