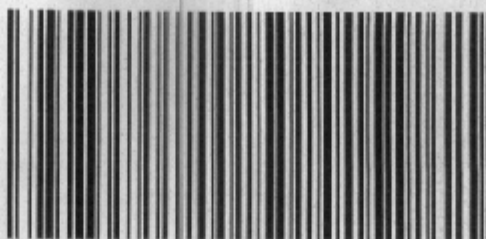


CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



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



SUBBD29493108

Sender's Details

Company Name: ATM SOL JHB
 Street Address: 7 DELPHI STR
 Suburb: JHB
 City/Town: Johannesburg Postal Code: _____
 Contact: _____
 Phone: _____

Consignee's Details. Full Street Address Please

Company Name: ATM SOLUTIONS PORTSHEPSTONE
 Street Address: HOLD FOR COLLECTION
 Suburb: PORTSHEPSTONE
 City/Town: Portshepstone Postal Code: _____
 Contact: _____
 Phone: KISHAL

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS Customs Tariff

Destination Country: South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)

Sender's Reference: _____ Analysis Code: _____

SPECIAL INSTRUCTIONS

Tariff Code: 027766 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

DATE

20/5/19

1. ONLINE

3. EFT

Total Mass (Kg)

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

Total Parcels: _____ NO. OF PARCELS PER DIMENSIONS: _____ LENGTH (CM): _____ WIDTH (CM): _____ HEIGHT (CM): _____

1

FLYER

Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY)

S H A R I

Date Received: 21/05/19 Time Received: 10:53

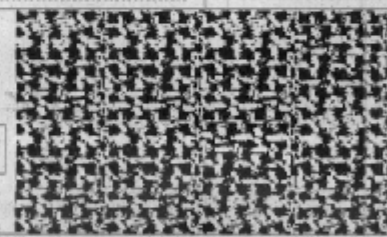
Signature: [Signature]

Received By DSV Name Of Counter (PLEASE PRINT CLEARLY)

MURPHY

Date Received: 20/05/19 Time Received: 15:02

Signature: [Signature]



POD COPY