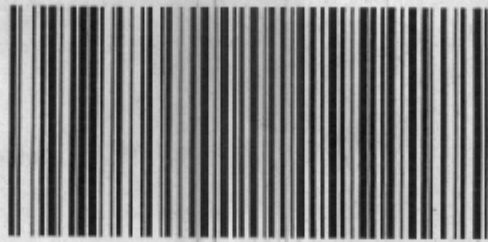


CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



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



SUBBD29934431


<b>Sender's Details</b> Company Name: <u>ATM SOL JHB</u> Street Address: <u>7 DECPHT STR</u> Suburb: _____ City / Town: <u>JHB</u> Postal Code: _____ Contact: _____ Phone: _____		<b>Consignee's Details. Full Street Address Please</b> Company Name: <u>ATM Solutions Portshepston</u> Street Address: <u>HOLD FOR COLLECTION</u> Suburb: _____ City / Town: <u>Portshepston</u> Postal Code: _____ Contact: <u>KISHAL</u> Phone: _____		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
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Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other	(Please Specify)
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Sender's Reference	Analysis Code
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**SPECIAL INSTRUCTIONS**

Tarif Code: <u>027 766</u>	Bill To Sender <input type="checkbox"/>	Consignee <input type="checkbox"/>	Other (Name Please) <input type="checkbox"/>
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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: 12/7/19

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)
				

Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>KISHAL</u>	Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>W. MUKESH</u>	
Date Received: <u>160719</u>	Time Received: <u>1020</u>	
Signature: 	Signature: 	

1. ONLINE	<input type="checkbox"/>
3. EFT	<input type="checkbox"/>

Total Mass (Kg)

POD COPY