

# CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
t/a UTI Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4280213873



SUBBD23158654

|            |
|------------|
| ADDITIONAL |
| TRACKING   |
| NUMBERS    |

## Sender's Details

Company Name: **A. J. REICHERT**  
Street Address: **46 TUSCANY PARK**  
**2 VISAGIE RD**  
Suburb: **ISLANDVIEW**  
City / Town: **ROSSSELBAY** Postal Code: **1500**  
Contact: **ANDRIES**  
Phone: **083 381 8694**

## Consignee's Details. Full Street Address Please

Company Name: **CAUENDISH ATT. MARY**  
Street Address: **UNIT 5 OLIVE GROVE**  
**INDUSTRIAL ESTATE DU**  
**PAARDEURIE RD**  
Suburb: **II**  
City / Town: **SOMERSET WEST** Postal Code: **7200**  
Contact: **MARY**  
Phone: **021 851 7178**

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS  
Customs  
Tariff

Depot Hand In

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

Sender's Reference

## SPECIAL INSTRUCTIONS

Bill Charges  
To Account No.

**027877**

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 12.14 OVERLEAF). GOODS ARE SHIPPED AT OWNER'S RISK. SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. UTI DISTRIBUTION LIMITS ITS LIABILITY TO R 250.00 PER SHIPMENT. (SEE CLAUSE 12.5 OVERLEAF). IF YOU WISH UTI DISTRIBUTION TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSE 12.5, 12.6 AND 12.7 OVERLEAF).

SENDER'S AUTHORISED SIGNATURE

DATE

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**

**MR. REICHERT**  
**MARKHAM**

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)

**MARKHAM**

Date Received:

**06/10/16**

Time Received:

**0945**

Signature:

*[Signature]*

Received By UTI

Name Of Courier (PLEASE PRINT CLEARLY)

**DENVKE**

Date Received:

**05/10/16**

Time Received:

**1450**

Signature:

*[Signature]*