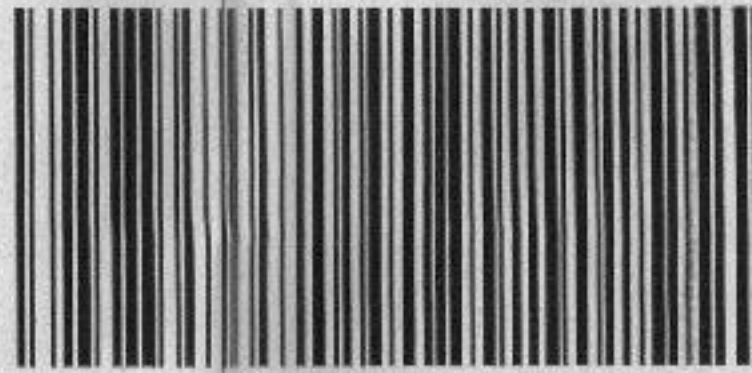


CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 53, The Reads 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4280213873



SUBBD23158694

SLABH TOY460693

ADDITIONAL	
TRACKING	
NUMBERS	
	700

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name	Clary Starbuck	Company Name	Le Craget	<input type="checkbox"/> Same Day	
Street Address	13 George Rex drive	Street Address	Unit 5 Heron Park Olive Grove Park	<input type="checkbox"/> Express	
Suburb	THE HEADS	Suburb		<input type="checkbox"/> With Sunrise Option	
City / Town	KNYSNA	City / Town	Cape Town	<input type="checkbox"/> With Saturday Service	
Postal Code	6570	Postal Code	8001	<input type="checkbox"/> Public Holiday Service	
Contact	Clary Starbuck	Contact	Ben Paine	<input checked="" type="checkbox"/> Economy	
Phone	044 340705	Phone	021 851 7178	<input type="checkbox"/> After Hours	
Destination Country		Destination Country		BLNS Customs Tariff	
<input 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)					
Sender's Reference		Analysis Code		Depot Hand In	
SPECIAL INSTRUCTIONS Bill Charges To Account No. <u>027766</u> Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> 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).					
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		DATE	
9		MARCH 11		4 Oct 2016	
LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
		10425			
Goods received in full without damage (unless endorsed)			Received By UTI		
Name Of Receiver (PLEASE PRINT CLEARLY)			Name Of Courier (PLEASE PRINT CLEARLY)		
MARCH 11			K L A C		
Date Received:			Date Received:		
05/10/16			05/10/16		
Time Received:			Time Received:		
0905			1512		
Signature:			Signature:		