

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
 c/o UTI Distribution
 PO Box 83, The Reeds 0061
 Tel (012) 673-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4260213873



SUBBD23949154

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name	ATM Solutions	Company Name	ATM Solutions	<input type="checkbox"/> Same Day	
Street Address	No. 3 Mathunga Crescent	Street Address	7 Delphi Street	<input type="checkbox"/> Express	
Suburb	Sidwanga	Suburb	Sandton	<input type="checkbox"/> With Sunrise Option	
City / Town	Midrand	City / Town	JHB	<input type="checkbox"/> With Saturday Service	
Postal Code	2009	Postal Code		<input type="checkbox"/> Public Holiday Service	
Contact		Contact		<input checked="" type="checkbox"/> Economy	
Phone	0836534758	Phone		<input type="checkbox"/> After Hours	
Destination Country	South Africa	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference		Analysis Code			
SPECIAL INSTRUCTIONS Bill Charges To Account No. <input type="checkbox"/> Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> 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					
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)
3	43	39	36	76	
1	78	39	63		
1	63				
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) ZWELAKHE			Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) TNOBANZ		
Date Received: 21/11/16			Date Received: 16/11/16		
Time Received: 1025			Time Received: 0815		
Signature:			Signature:		

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