

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
t/a UTI Distribution  
PO Box 63, The Reeds 6081  
Tel: (012) 673-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4290213073



SUBBD23918444



Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name: <b>Sweeform</b>		Company Name: <b>Marianne van loggeteberg</b>		<input type="checkbox"/> Same Day	
Street Address: <b>Leustigari rd</b> <b>(ALIX CLARK)</b>		Street Address: <b>Don MacMillen</b> <b>2nd floor, Melrose Piazza</b> <b>34 Whiteley road</b>		<input checked="" type="checkbox"/> With Sunrise Option	
Suburb: <b>Paarl</b>		Suburb: <b>Melrose north</b>		<input type="checkbox"/> With Saturday Service	
City / Town: <span style="border: 1px solid black; padding: 2px;"> </span> Postal Code: <span style="border: 1px solid black; padding: 2px;"> </span>		City / Town: <span style="border: 1px solid black; padding: 2px;">JHB</span> Postal Code: <span style="border: 1px solid black; padding: 2px;"> </span>		<input type="checkbox"/> Public Holiday Service	
Contact: <b>Bill</b>		Contact: <b> </b>		<input type="checkbox"/> Economy	
Phone: <b> </b>		Phone: <b>011 731 3440</b>		<input type="checkbox"/> After Hours	
Destination Country: <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): <b> </b>		Analysis Code: <span style="border: 1px solid black; padding: 2px;"> </span>		<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference: <span style="border: 1px solid black; padding: 2px;"> </span>		Analysis Code: <span style="border: 1px solid black; padding: 2px;"> </span>		<input type="checkbox"/> Depot Hand In	
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <span style="border: 1px solid black; padding: 2px;"> </span> Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <span style="border: 1px solid black; padding: 2px;"> </span> 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: <b> </b>		<b>B. B. M</b> <b>23/12/16</b> SENDER'S AUTHORISED SIGNATURE DATE		Total Mass (Kg) <b> </b>	
<b>Total Parcels</b> <span style="border: 1px solid black; padding: 2px; font-size: 2em;">1</span>		NO. OF PARCELS PER DIMENSIONS LENGTH (CM) <span style="border: 1px solid black; padding: 2px;"> </span> WIDTH (CM) <span style="border: 1px solid black; padding: 2px;"> </span> HEIGHT (CM) <span style="border: 1px solid black; padding: 2px;"> </span>			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>Sarah</b>		Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) <b>NEIL</b>			
Date Received: <span style="border: 1px solid black; padding: 2px;">281216</span> Time Received: <span style="border: 1px solid black; padding: 2px;">0821</span> Signature: <b>Steph</b>		Date Received: <span style="border: 1px solid black; padding: 2px;">231216</span> Time Received: <span style="border: 1px solid black; padding: 2px;">H H M M</span> Signature: <b> </b>			

POD COPY

Version Control (Rev. 01/10/16)