CONTRACT FOR CARRIAGE / DISPATCH NOTE

UTI Distribution

UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 38, The Reeds 0061
Tel (012) 673-2800
Reg. No. [illegible]
VAT Reg. No. [illegible]

SUBBD23918482

POD COPY

Sender's Details

Company Name: MOVE ANALYTICS
Street Address: SLOEE FARM
Suburb:
City/Town: PAARL Postal Code: 7620
Contact: BILL MCINTOSH
Phone: 082 885 0611

Consignee's Details. Full Street Address Please

Company Name: DR BELINDA MCINTOSH
Street Address: PSYCHRIATRIC WARD
TINTSWALO HOSPITAL
MAIN ROAD
Suburb:
City/Town: ACORNHOEK Postal Code: 1360
Contact: BELINDA
Phone: 083 659 8921

Wait Service Required
Same Day
Express
With Sunrise Option
With Saturday Service
Public Holiday Service
After Hours
SCAN Customs Tariff
Depot Hand in

Distribution Country: Same Area [✓] | Inbound | Lesotho | Namibia | Swaziland | Other

Sender's Reference:

SPECIAL INSTRUCTIONS: PHONE BEFORE

Charge Account No.: ☐☐☐☐☐☐ Bill to Sender ☐ Consignee ☐ Other (Name Please) ☐

IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER (SEE CLAUSE [illegible] OVERLEAF). GOODS ARE SHIPPED AT OWNER'S RISK SUBJECT TO CONTRACT [illegible] UTI DISTRIBUTION LIMITS ITS LIABILITY TO R [illegible] PER SHIPMENT (SEE CLAUSE [illegible] 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 [illegible] AND [illegible] OVERLEAF).

SENDER'S AUTHORISED SIGNATURE
DATE: 23/12/16

Total Mass (Kg)

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): FLORAH
Date Received: 30 12 16
Time Received: 1439
Signature:

Received By UTI
Name Of Courier (PLEASE PRINT CLEARLY):
Date Received: D D M M Y Y
Time Received: H H M M
Signature: