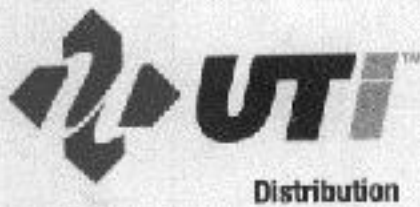


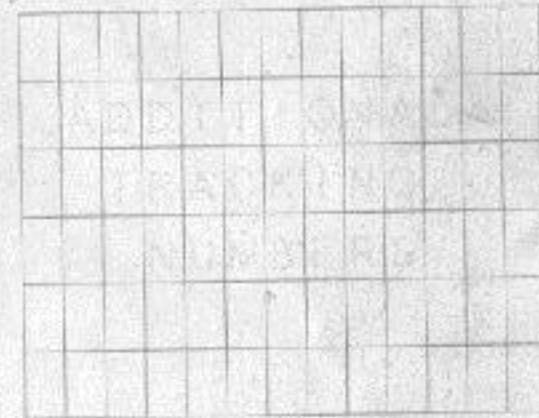
# CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
t/a UTI Distribution  
PO Box 63, The Rends G061  
Tel: (012) 673-2000  
Reg. No. 2004/016747/07  
VAT Reg. No. 4280213873



SUBBD24276590



Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name: <b>AIM SOL JHB</b>	Company Name: <b>AIM SOL UMTATA</b>			<input type="checkbox"/> Same Day	
Street Address: <b>7 DELPHI STREET</b>	Street Address: <b>26 AC JORDAN STR NORTH CROSS</b>			<input type="checkbox"/> Express	
Suburb: <b>MARLBORO</b>	Suburb: <b>UMTATA</b>			<input type="checkbox"/> With Sunrise Option	
City/Town: <b>JHB</b> Postal Code: <b>2001</b>	City/Town: <b>UMTATA</b> Postal Code: <b>3001</b>			<input type="checkbox"/> With Saturday Service	
Contact: <b>SONWABO</b>	Contact: <b>SONWABO</b>			<input type="checkbox"/> Public Holiday Service	
Phone: <b>063 653 4758</b>	Phone: <b>063 653 4758</b>			<input checked="" type="checkbox"/> Economy	
Destination Country: <b>South Africa</b>	Destination Country: <b>South Africa</b>			<input type="checkbox"/> After Hours	
Sender's Reference: <b>027766</b>	Analysis Code: <b>027766</b>			<input type="checkbox"/> BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>				<input type="checkbox"/> Depot Hand In	
Bill Charges To Account No. <b>027766</b> 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.				<input type="checkbox"/> Total Mass (Kg)	
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>23/1/17</b>					
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>	<b>LENGTH (CM)</b>	<b>WIDTH (CM)</b>	<b>HEIGHT (CM)</b>
<b>1</b>		<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>Goods received in full without damage (unless endorsed)</b> Name Of Receiver (PLEASE PRINT CLEARLY) <b>Sonwabo</b> Date Received: <b>250117</b> Time Received: <b>1540</b> Signature: <i>[Signature]</i>					
<b>Received By UTI</b> Name Of Courier (PLEASE PRINT CLEARLY) <b>Mosses</b> Date Received: <b>230117</b> Time Received: <b>1400</b> Signature: <i>[Signature]</i>					

POD COPY