

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 63, The Rocks 6051
Tel (012) 673-2000
Reg No. 2004/015747/07
VAT Reg No. 4260210873



SUBBD22911641

SUBHT08944280

ADDITIONAL					
TRACKING					
NUMBERS					

Sender's Details Company Name: <u>SOIS ENTERPRISES</u> Street Address: <u>59 AMIATYE RO</u> <u>COEGA IDZ</u> <u>ZONE 1</u> Suburb: _____ City / Town: <u>PLZ</u> Postal Code: _____ Contact: <u>PETER SAUIS</u> Phone: <u>074 113 6621</u>		Consignee's Details. Full Street Address Please Company Name: <u>ABERFELDY BED BREAKFAST</u> Street Address: <u>101 PITZER STREET</u> <u>ELEN AUSTIN</u> Suburb: _____ City / Town: <u>MTIDRAND</u> Postal Code: _____ Contact: <u>ANNE MARIE SMIDT</u> Phone: <u>082 496 6168</u>		Mark Service Required <input type="checkbox"/> Same Day <input checked="" type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input type="checkbox"/> Economy <input type="checkbox"/> After Hours <input type="checkbox"/> BLNS Customs Tariff <input checked="" type="checkbox"/> Depot Hand In
Destination Country: <u>South Africa</u> Botswana Lesotho Namibia Swaziland Other (Please Specify) _____		Analysis Code: _____		
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: <u>[Signature]</u> DATE: <u>07.07.2016</u>		
Total Parcels: <u>2</u>	NO. OF PARCELS PER DIMENSIONS <u>1</u> <u>1</u>	LENGTH (CM) <u>79</u> <u>48</u>	WIDTH (CM) <u>45</u> <u>27</u>	
			HEIGHT (CM) <u>34</u> <u>98</u>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>Abec</u> Date Received: <u>08 07 16</u> Time Received: <u>09 24</u> Signature: <u>[Signature]</u>		Received By UTI Name Of Courier (PLEASE PRINT CLEARLY): <u>BRIAN</u> Date Received: <u>07 07 16</u> Time Received: <u>14 25</u> Signature: <u>[Signature]</u>		