

# CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
t/a UTI Distribution  
PO Box 63, The Roods 0061  
Tel (012) 673-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4290213873



SUBBD23088847

|            |
|------------|
| ADDITIONAL |
| TRACKING   |
| NUMBERS    |

| Sender's Details  |  | Consignee's Details. Full Street Address Please |  |             |  | Mark Service Required                            |  |
|---|--|---|--|-------------|--|--|--|
| Company Name <u>ATM Solutions</u>   |  | Company Name <u>ATM Solutions</u>               |  |             |  | <input type="checkbox"/> Same Day                |  |
| Street Address <u>NO 13 MAPHUTZI</u>  |  | Street Address <u>7 DELPHI STREET</u>           |  |             |  | <input type="checkbox"/> Express                 |  |
| <u>CRESCENT</u>   |  |   |  |             |  | <input type="checkbox"/> With Sunrise Option     |  |
| Suburb <u>Sidwasa V.G.W</u>   |  | Suburb <u>Candtown</u>                          |  |             |  | <input type="checkbox"/> With Saturday Service   |  |
| City / Town <u>Mthatha</u>  |  | City / Town <u>Mthatha</u>                      |  |             |  | <input type="checkbox"/> Public Holiday Service  |  |
| Postal Code <u>5000</u>   |  | Postal Code <u>2001</u>                         |  |             |  | <input type="checkbox"/> Economy                 |  |
| Contact <u>Soweto</u>   |  | Contact <u>MORETUA</u>                          |  |             |  | <input type="checkbox"/> After Hours             |  |
| Phone <u>083 453 4758</u>   |  | Phone <u>073 067 7017</u>                       |  |             |  | <input type="checkbox"/> BLNS Customs Tariff     |  |
| Destination Country <u>South Africa</u>   |  | Other (Please Specify) _____                    |  |             |  | <input checked="" type="checkbox"/> Depot and In |  |
| Sender's Reference _____  |  | Analysis Code _____                             |  |             |  | <input type="checkbox"/> Total Mass (Kg)         |  |
| <b>SPECIAL INSTRUCTIONS</b><br>Bill Charges To Account No. <u>027766</u> Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) _____<br>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).<br>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)   |  |   |  |             |  |  |  |
| Goods received in full without damage (unless endorsed)<br>Name Of Receiver (PLEASE PRINT CLEARLY) <u>MORATUWA</u><br>Date Received: <u>210916</u> Time Received: <u>1025</u><br>Signature: <u>[Signature]</u>  |  |   |  |             |  |  |  |
| Received By UTI<br>Name Of Courier (PLEASE PRINT CLEARLY) <u>TOBI</u><br>Date Received: <u>160916</u> Time Received: <u>0810</u><br>Signature: <u>[Signature]</u>   |  |   |  |             |  |  |  |

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