

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 53, The Reeds 0081
Tel: (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD23143968

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: <u>V. Mclean / N. Sass</u> Street Address: <u>49 Beach Rd</u> <u>Nahoon</u> Suburb: <u> </u> City / Town: <u>E.L</u> Postal Code: <u>5041</u> Contact: <u>Nicky - 043-7352000</u> Phone: <u>072 732 0052</u>		Company Name: <u> </u> Street Address: <u>5 Olive Grove</u> <u>Heron Place.</u> <u>The Interchange, Old</u> <u>Parderville Rd, Somerset West</u> Suburb: <u> </u> Postal Code: <u>7130</u> City / Town: <u>Wesker Cape</u> Contact: <u>Mary - online store</u> Phone: <u>0</u>				Same Day <input 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 checked="" type="checkbox"/> After Hours <input type="checkbox"/> BLN Customs Tariff <input type="checkbox"/> Depot Hand In <input type="checkbox"/>	
Destination Country: <u>South Africa</u> <input checked="" type="checkbox"/> <u>Botswana</u> <input type="checkbox"/> <u>Lesotho</u> <input type="checkbox"/> <u>Namibia</u> <input type="checkbox"/> <u>Swaziland</u> <input type="checkbox"/> <u>Other</u> <input type="checkbox"/> (Please Specify)		Analysis Code: <u> </u>				Total Mass (Kg) <u>4</u>	
Sender's Reference: <u> </u>							
SPECIAL INSTRUCTIONS Bill Charges To Account No: <u> </u> 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							
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, 12.8 AND 12.7 OVERLEAF).							
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number <u> </u>							
Total Parcels <u>1</u>		NO. OF PARCELS PER DIMENSIONS <u>1</u>		LENGTH (CM) <u>34</u>		WIDTH (CM) <u>34</u>	
HEIGHT (CM) <u>27</u>		Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>MARKER</u>		Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) <u>ZOEILE</u>		Date Received: <u>15/09/16</u>	
Date Received: <u>15/09/16</u>		Time Received: <u>0928</u>		Date Received: <u>15/09/16</u>		Time Received: <u>1600</u>	
Signature: <u> </u>		Signature: <u> </u>		Signature: <u> </u>		Signature: <u> </u>	

RED COPY

UTI Control (016/2010)