

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 83, The Reeds 0081
Tel: (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 42602138/3



SUBBD23307478

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: ATM SOL THB		Company Name: ATM SOLUTIONS UNITATE				<input type="checkbox"/> Same Day	
Street Address: 7 DELPHI STREET		Street Address: HOLD FOR COLLECTION				<input type="checkbox"/> Express	
EASTGATE EXT 18						<input type="checkbox"/> With Sunrise Option	
KELVIN						<input type="checkbox"/> With Saturday Service	
Suburb: 		Suburb: UNITATE				<input type="checkbox"/> Public Holiday Service	
City/Town: Postal Code: 		City/Town: Postal Code: 				<input checked="" type="checkbox"/> Economy	
Contact: Debra		Contact: Sonwabo				<input type="checkbox"/> After Hours	
Phone: 011 555 9167		Phone: 083 653 4958				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country: South Africa		Botswana		Lesotho		Namibia	
				Swaziland		Other (Please Specify)	
Sender's Reference: 				Analysis Code: 			
SPECIAL INSTRUCTIONS							
Bill Charges To Account No: 007766		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 AUTHORIZED SIGNATURE: [Signature]		DATE: 10/9/16	
Total Parcels: 1		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
						HEIGHT (CM)	
Goods received in full without damage (unless endorsed)				Received By UTI			
Name Of Receiver (PLEASE PRINT CLEARLY): SONWABO				Name Of Courier (PLEASE PRINT CLEARLY): [Signature]			
Date Received: 140916		Time Received: 16:30		Date Received: 120916		Time Received: 15:20	
Signature: [Signature]				Signature: [Signature]			

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