

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 63, The Reeds 0061
Tel (012) 873-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4280213873



SUBBD23490624

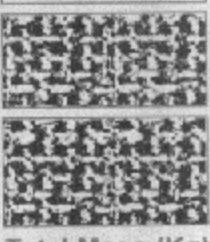
Damages

ADDITIONAL					
TRACKING					
NUMBERS					

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <i>Le Couquet</i>		Company Name <i>Le Couquet</i>				<input type="checkbox"/> Same Day	
Street Address <i>Bedford Centre Shop U17</i>		Street Address <i>Unit 5 Heron Park Drive Grove Industrial Estate</i>				<input type="checkbox"/> Express	
Suburb <i>Bedfordview</i>		Suburb <i>SOMERSET West</i>				<input type="checkbox"/> With Sunrise Option	
City/Town <i>JHB</i> Postal Code <i>2008</i>		City/Town <i>Cape Town</i> Postal Code <i>7130</i>				<input type="checkbox"/> With Saturday Service	
Contact <i>Mike</i>		Contact <i>Jenna (damages)</i>				<input type="checkbox"/> Public Holiday Service	
Phone <i>011 8151923</i>		Phone <i>021 2517178</i>				<input checked="" type="checkbox"/> Economy	
Destination Country		(Please Specify)				<input type="checkbox"/> After Hours	
South Africa		Lesotho Namibia Swaziland Other				BLNS Customs Tariff	
Sender's Reference <i>UTI 1059933</i>		Analysis Code				Depot Hand In	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <i>027766</i>		Bill To <input type="checkbox"/> Sender		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, 12.6 AND 12.7 OVERLEAF).							
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)	
<input checked="" type="checkbox"/>							
Goods received in full without damage (unless endorsed)				Received By UTI			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
<i>ELVIMO</i>				<i>TLU</i>			
Date Received:		Time Received:		Date Received:		Time Received:	
<i>080318</i>		<i>1020</i>		<i>060308</i>		<i>1308</i>	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

POD COPY

Version Control (06/2010)



Total Mass (Kg)

06.03.2018

SENDER'S AUTHORISED SIGNATURE

DATE