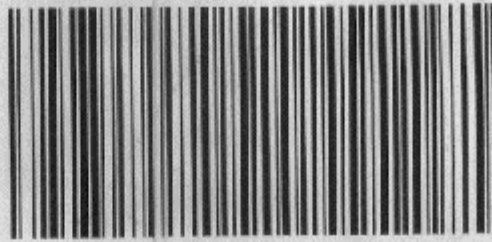


MHIP82

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
176 UTI Distribution  
PO Box 63, The Reads 0061  
Tel (012) 873-2000  
Reg. No: 2004/015747/07  
VAT Reg. No. 4260213873



SUBBD24293012

548HT03234305  
548HT03234306  
548HT03234307

<b>Sender's Details</b> Company Name: <b>NHT RUSTENBURG</b> Street Address: <b>KOROKORO ROAD EXT 6</b> Suburb: <b>WATERFALL EAST</b> City / Town: <b>RUSTENBURG</b> Postal Code: <b>0299</b> Contact: <b>TONY ENDO</b> Phone: <b>014 592 3030</b>		<b>Consignee's Details. Full Street Address Please</b> Company Name: <b>VOLVO SA PBC</b> Street Address: <b>141 BENNE ROAD</b> Suburb: <b>0</b> City / Town: <b>BOESBURG</b> Postal Code: <b>1459</b> Contact: <b>011 418 3000</b>		<b>Mark Service Required</b> <input type="checkbox"/> 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 type="checkbox"/> After Hours <input type="checkbox"/> BLNS Customs Tariff <input type="checkbox"/> Depot Hand In	
Destination Country: <b>South Africa</b> <b>Botswana</b> <b>Lesotho</b> <b>Napola</b> <b>Swaziland</b> <b>Other</b> (Please Specify)		Sender's Reference: <b>UTI199318</b> Analysis Code:		<input type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <input type="checkbox"/> Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>					
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: <b>[Signature]</b> DATE: <b>16/04/2018</b>		Total Mass (Kg): <b>811</b>	
<b>Total Parcels</b> NO. OF PARCELS PER DIMENSIONS <b>4</b> <b>NRT5003120504</b> <b>15x60cm pallets</b> <b>43x55cm pallets</b> <b>10x30cm covers</b> <b>10x30cm guards</b>		LENGTH (CM) <b>130</b> <b>170</b> <b>240</b> <b>25</b>		WIDTH (CM) <b>90</b> <b>120</b> <b>50</b> <b>30</b>	
HEIGHT (CM) <b>30</b> <b>80</b> <b>45</b> <b>15</b>		Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <b>FRANS</b> Date Received: <b>17/04/18</b> Time Received: <b>1000</b> Signature: <b>[Signature]</b>		Received By UTI Name Of Courier (PLEASE PRINT CLEARLY): <b>THATO</b> Date Received: <b>16/04/18</b> Time Received: <b>1554</b> Signature: <b>[Signature]</b>	

POD COPY

Version Control (Rev. 2010)