

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
 t/a UTI Sun Couriers
 PO Box 63, The Ponds 0261
 Tel (012) 673-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4200213973



SUBCD28696144

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required	
Company Name <i>W.W. 400 Makose</i>		Company Name <i>W.W. 437 Fourway</i>					<input type="checkbox"/> Same Day	
Street Address <i>Arch, c/o Akol</i>		Street Address <i>Mall</i>					<input checked="" type="checkbox"/> Express	
<i>Outings, Corlett Drive</i>							<input type="checkbox"/> With Sunrise Option	
<i>3MI Motorway</i>							<input type="checkbox"/> With Saturday Service	
<i>Sundton</i>							<input type="checkbox"/> Public Holiday Service	
Suburb		Suburb <i>Fourways</i>					<input type="checkbox"/> Economy	
City / Town		City / Town					<input type="checkbox"/> After Hours	
Postal Code		Postal Code					<input type="checkbox"/> BLNE Customs Tariff Lines	
Contact		Contact					<input type="checkbox"/> Depot Hand In	
Phone		Phone					<input type="checkbox"/> Original POD Required P.O. Box	
Destination Country		South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)	
Sender's Reference		Analysis Code						
SPECIAL INSTRUCTIONS								
Bill Charges To Account No. <i>027528</i>		Bill To Sender <input type="checkbox"/>	Consignee <input type="checkbox"/>	Other (Name Please) <input type="checkbox"/>				
If Consignee Or Third Party Is Billed, Sender Remains Liable For Unpaid Charges								
<p><small>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 SUN COURIERS LIMITS ITS LIABILITY TO R250.00 PER SHIPMENT. (SEE CLAUSE 12.5 OVERLEAF). IF YOU WISH UTI SUN COURIERS TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSES 12.5, 12.6 AND 12.7 OVERLEAF)</small></p>								
e-mail / Fax / Proof of delivery <input type="checkbox"/>					e-mail Address / Fax Number			
Total Parcels		Dimensions in Centimetres				Mass (kg)		
NO. OF PARCELS		LENGTH	WIDTH	HEIGHT				
<i>1</i>								
Goods received in full without damage (unless endorsed)				Received by UTI				
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)				
<i>Tumelo</i>				<i>Sam</i>				
Date Received:		Time Received:		Date Received:		Time Received:		
<i>020618</i>		<i>HHMM</i>		<i>200518</i>		<i>1600</i>		
Signature <i>[Signature]</i>				Signature <i>[Signature]</i>				

POD COPY

UTISUN 5. (012) 673 1838 Version Control (10/2015) utisun@uti.co.za