

# CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
t/a UTI Distribution  
PO Box 63, The Roads 0061  
Tel (012) 873-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4200213873



SUBBD22918662

SUBHT09069326	
ADDITIONAL	27
TRACKING	28
NUMBERS	
SUBHT09069326	

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <i>Adams Trading</i>	Company Name <i>Le-Craeset</i>	<i>Unit 5, Heem Park Oliver Grove Business Park Ox-Panel Rd, Somerset West 7130</i>				<input checked="" 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 checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours	
Street Address <i>Forest Road</i>	Street Address					BLNS Customs Tariff	
Suburb <i>Fourways</i>	Suburb					Depot Hand In	
City/Town <i>JHB</i>	City/Town					Total Mass (Kg)	
Contact <i>ASLAM</i>	Contact	Phone <i>021 851 7178</i>				<input type="checkbox"/> BLNS Customs Tariff	
Phone <i>(011) 465 7928</i>	Phone	(Please Specify)				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country <i>South Africa</i>	Destination Country	Analysis Code				<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference <i>UTF0134084</i>	Sender's Reference	Analysis Code				<input type="checkbox"/> BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No.		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 AUTHORISED SIGNATURE			
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
HEIGHT (CM)		DATE		Total Mass (Kg)			
Goods received in full without damage (unless endorsed)		Name Of Receiver (PLEASE PRINT CLEARLY)		Received By UTI			
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Receiver (PLEASE PRINT CLEARLY)			
Date Received		Date Received		Date Received			
Time Received		Time Received		Time Received			
Signature		Signature		Signature			