

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
 1/8 UTI Distribution
 PO Box 63, The Reeds 0061
 Tel (012) 673-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4280213873



SUBBD23974139



Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name	Fairus Salie	Company Name	Le Grueset	Same Day	
Street Address	car Sangale and Grasmere Street Athlone	Street Address	Unit Sand 6 Heron Park Olive Grove Industrial Estate	Express	
Suburb		Suburb	Somerset West	With Sunrise Option	
City/Town	C.P.T	City/Town		With Saturday Service	
Postal Code		Postal Code	7130	Public Holiday Service	
Contact		Contact	Mary	After Hours	
Phone		Phone		BLNS Customs Tariff	
Destination Country	South Africa	Analysis Code		Depot Hand In	
Sender's Reference				Total Mass (Kg)	
SPECIAL INSTRUCTIONS		If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.			
Bill Charges To Account No. 027877		Bill To Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>			
<p>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).</p>					
a-mail / Fax / Proof of Delivery <input type="checkbox"/>		a-mail Address / Fax Number		DATE 10/10/16	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		SENDER'S AUTHORISED SIGNATURE R. Dalme	
1		LENGTH (CM)		HEIGHT (CM)	
MARSHALL		WIDTH (CM)		Total Mass (Kg)	
Goods received in full without damage (unless endorsed)					
Name Of Receiver (PLEASE PRINT CLEARLY)		Received By UTI		Name Of Courier (PLEASE PRINT CLEARLY)	
MARSHALL		Keenen			
Date Received: 11/10/16		Date Received: 10/10/16		Time Received: 15:25	
Time Received: 09:50		Signature: [Signature]			

POD COPY

UTI Central (012) 673-2000