

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
c/o UTI Distribution
PO Box 63 The Roads DDB
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD22832098

SUBHT 10613310
SUBHT 10613311

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name: AVACON TECH GROUP		Company Name: LE CREUSET ROSEBANK MALL		<input type="checkbox"/> Same Day	
Street Address: UNIT 13 4TH FLOOR		Street Address: 50 BATH AVENUE		<input checked="" type="checkbox"/> Express	
Street Address: TYGERVALLEY CHAMBERS 2		Street Address: SHOP 202 A ROSEBANK MALL		<input type="checkbox"/> With Sunrise Option	
Street Address: WILLIE VAN SCHOOER AVE.		Suburb: ROSEBANK		<input type="checkbox"/> With Saturday Service	
Suburb: BELLVILLE		City/Town: JHB		<input type="checkbox"/> Public Holiday Service	
City/Town: CPT		Postal Code: 7530		<input type="checkbox"/> Economy	
Contact: PIETER		Contact: MITCHELL		<input type="checkbox"/> After Hours	
Phone: 021 300 1777		Phone: 011 568 4745		<input type="checkbox"/> BLNS Customs Tariff	
Destination Country: <input checked="" type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)		Analysis Code		<input type="checkbox"/> Depot Hand In	
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To <input type="checkbox"/> Sender <input checked="" type="checkbox"/> 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 3		NO. OF PARCELS PER DIMENSIONS 3 BOXES		LENGTH (CM) 300	
				WIDTH (CM) 150	
				HEIGHT (CM) 100	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) ROSE				Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) SHAHHEE	
Date Received: 260917				Date Received: 220917	
Time Received: 1445				Time Received: 1000	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>	

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