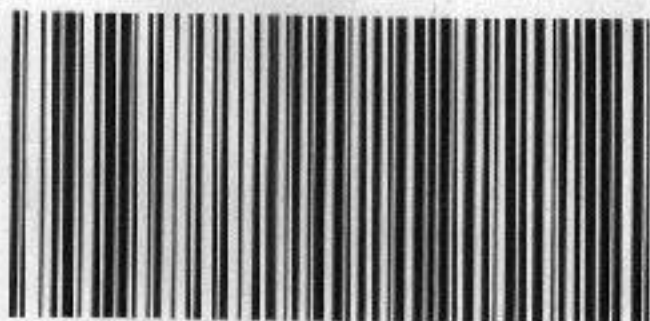


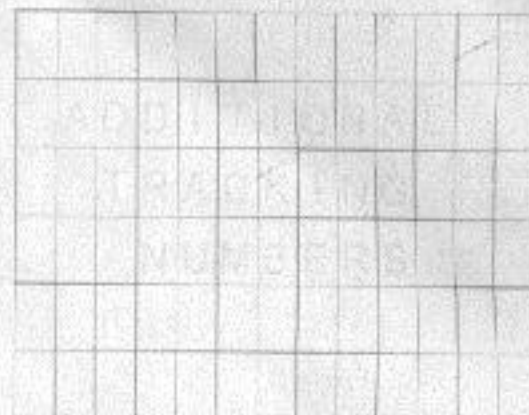
CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 63, The Roads 0061
Tel (012) 875-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD23837109



Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name ATM SOLUTION				Company Name ATM SOLUTIONS				<input type="checkbox"/> Same Day	
Street Address 7 DELPHI STR				Street Address HOLDS FOR COLLECTION				<input type="checkbox"/> Express	
Suburb MAIBORO				Suburb UMTHATHA				<input type="checkbox"/> With Surmise Option	
City / Town JHB		Postal Code		City / Town UMTHATHA		Postal Code		<input type="checkbox"/> With Saturday Service	
Contact Sebra				Contact SONWABO				<input type="checkbox"/> Public Holiday Service	
Phone 011 555 9167				Phone 083 653 4758				<input checked="" type="checkbox"/> Emergency	
Destination Country		South Africa		Lesotho		Namibia		<input type="checkbox"/> After Hours	
		Botswana		Swaziland		Other (Please Specify)		<input type="checkbox"/> BLKS Customs Tariff	
Sender's Reference				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		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
1									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) SONWABO					Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) NUMKOSH				
Date Received: 21/11/16					Date Received: 24/10/16				
Time Received: 1100					Time Received: 1430				
Signature:					Signature:				

POD COPY

Version Control 15/02/16