

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD23270515

SUBH TO 906 1213
SUBHT 0906 9593

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name	ADAMS DESIGN CENTRE	Company Name	L. CRUICKSHANK S.A. (PTY) LTD			Same Day	
Street Address	SHOP 617 FOURWAYS VALLEY	Street Address	Unit 5 Heron PARK			Express	
Suburb	FOURWAYS	Suburb	SOMERSET WEG			With Sunrise Option	
City / Town	JHB	City / Town	CAPE TOWN			With Saturday Service	
Contact	NALEEN CHAMPT	Contact	HELEN DAVID			Public Holiday Service	
Phone	011-465-7928	Phone	021-851-7178			Economy	
Destination Country	South Africa	Lesotho	Namibia	Swaziland	Other	After Hours	
Sender's Reference		Analysis Code				BLNS Customs Tariff	
SPECIAL INSTRUCTIONS Bill Charges To Account No. <input type="checkbox"/> Bill To <input 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)			
4							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) MARC HALL Date Received: 09/11/16 Time Received: 1000 Signature: [Signature]							
Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) [Blank] Date Received: DDMMYY Time Received: HHMM Signature: [Signature]							

POD COPY

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