

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
 c/o UTI Distribution
 PO Box 83, The Arcade, 0081
 Tel (012) 673-2000
 Reg. No. 2004/015747/37
 VAT Reg. No. 4260213973



SUBBD23752578

SUBHT09292977

TO
 SUBHT09292986

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: <u>BTM Solutions</u>		Company Name: <u>BTM Solutions</u>				<input type="checkbox"/> Same Day	
Street Address: <u>13 Maphuzi Crescent Sidwadu</u>		Street Address: <u>2 Deiphin Street</u>				<input type="checkbox"/> Express	
Suburb: <u>Sidwadu</u>		Suburb: <u>Sandton</u>				<input type="checkbox"/> With Sunrise Option	
City/Town: <u>Vereeniging</u> Postal Code: <u>1901</u>		City/Town: <u>JHB</u> Postal Code: <u>2001</u>				<input type="checkbox"/> With Saturday Service	
Contact: <u>Sonwabo</u>		Contact: <u>Moratuwa</u>				<input type="checkbox"/> Public Holiday Service	
Phone: <u>0836534258</u>		Phone: <u>0730427017</u>				<input checked="" type="checkbox"/> Economy	
Destination Country: <u>South Africa</u>		<input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)				<input type="checkbox"/> After Hours	
Sender's Reference: <u> </u>		Analysis Code: <u> </u>				BLNS Customs Tariff: <u> </u>	
SPECIAL INSTRUCTIONS Bill Charges To Account No: <u>1027766</u> Bill To: <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <u> </u> 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 <u> </u>						SENDER'S AUTHORISED SIGNATURE: <u> </u> DATE: <u>25-10-16</u>	
Total Parcels <u>10</u>		NO. OF PARCELS PER DIMENSIONS <u>10</u>		LENGTH (CM) <u>60</u> <u>56</u> <u>30</u> <u>45</u>		WIDTH (CM) <u>47</u> <u>30</u> <u>23</u> <u>30</u>	
				HEIGHT (CM) <u>3</u> <u>30</u> <u>25</u> <u>30</u>		Total Mass (Kg) <u>127</u>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>Moratuwa</u> Date Received: <u>31/10/16</u> Time Received: <u>10:13</u> Signature: <u> </u>				Received By UTI Name Of Courier (PLEASE PRINT CLEARLY): <u>5149</u> Date Received: <u>25/10/16</u> Time Received: <u>09:44</u> Signature: <u> </u>			