

# 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



SUBBD23818346

SUBHT 08488435  
436

| Sender's Details |                | Consignee's Details. Full Street Address Please |                         |
|------------------|----------------|---|-------------------------|
| Company Name     | ABERFELD B+B   | Company Name                                    | SOS ENTERPRISES PTY LTD |
| Street Address   | 101 PITZER ST. | Street Address                                  | Zone 1                  |
|                  | GREEN AUSTIN   |   | AMATYE RD               |
| Suburb           | MIDRAND        | Suburb  |                         |
| City / Town      | JHB            | City / Town                                     | PLZ                     |
| Postal Code      |                | Postal Code                                     |                         |
| Contact          | ANNAKARIE      | Contact   | PETER SAULS             |
| Phone            | 082 4966168    | Phone   | 074 1136621             |

| Destination Country | South Africa | Botswana | Lesotho | Namibia | Swaziland | Other (Please Specify) |
|---------------------|--------------|----------|---------|---------|-----------|------------------------|
|                     |              |          |         |         |           |                        |

Analysis Code

Sender's Reference

**SPECIAL INSTRUCTIONS**

Bill Charges To Account No. 027766

Bill To ☐ Sender ☐ Consignee ☐ Other (Name Please) ☐

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 ☐ e-mail Address / Fax Number

| Total Parcels | NO. OF PARCELS PER DIMENSIONS | LENGTH (CM) | WIDTH (CM) | HEIGHT (CM) |
|---------------|-------------------------------|-------------|------------|-------------|
| 3             |                               |             |            |             |

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)

PETER SAULS

Date Received: 08/11/16

Time Received: 1143

Signature: [Signature]

Received By UTI

Name Of Courier (PLEASE PRINT CLEARLY)

K 9 2 80

Date Received: 09/11/16

Time Received: 1340

Signature: [Signature]

Mark Service Required

Same Day

☒ Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS Customs Tariff

Depot Hand In

Total Mass (Kg)

POD COPY

Version Control (06/2010)