

# CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
t/a UTI Distribution  
PO Box 63, The Reeds 0081  
Tel (012) 673 2000  
Reg. No. 2006/015747/07  
VAT Reg. No. 4260213873



SUBBD24153141



| Sender's Details  |                                     | Consignee's Details. Full Street Address Please |   |  |  | Mark Service Required                           |  |
|---|-------------------------------------|---|---|--|--|---|--|
| Company Name  | IN HOUSE                            | Company Name                                    | LE CRIST SA (PT) UD   |  |  | <input type="checkbox"/> Same Day               |  |
| Street Address  | VILLAGE SILENCE<br>ST FRANCIS DRIVE | Street Address                                  | UNIT 5, HELEN PARK<br>ONE GLOBE BUSINESS PARK, THE<br>INTERCHANGE |  |  | <input type="checkbox"/> Express                |  |
| Suburb  | ST FRANCIS BAY                      | Suburb  |   |  |  | <input type="checkbox"/> With Sunrise Option    |  |
| City/Town   | ST FRANCIS BAY                      | City/Town                                       | SOMERSET WEST   |  |  | <input type="checkbox"/> With Saturday Service  |  |
| Contact   | GALETA                              | Contact   | HELENA  |  |  | <input type="checkbox"/> Public Holiday Service |  |
| Phone   | 042 296 0872                        | Phone   |   |  |  | <input checked="" type="checkbox"/> Economy     |  |
| Destination Country   | South Africa                        | Postal Code                                     | 6312  |  |  | <input type="checkbox"/> After Hours            |  |
| Sender's Reference  |                                     |   |   |  |  | <input type="checkbox"/> BLNS Customs Tariff    |  |
| <b>SPECIAL INSTRUCTIONS</b><br>Bill Charges To Account No. <u>U27762</u> <input type="checkbox"/> Bill To Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/><br>IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER. (SEE CLAUSE 12.4 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 _____<br><b>Total Parcels</b> <input type="checkbox"/> NO. OF PARCELS PER DIMENSIONS <input type="checkbox"/> LENGTH (CM) <input type="checkbox"/> WIDTH (CM) <input type="checkbox"/> HEIGHT (CM)  |                                     |   |   |  |  |   |  |
| Goods received in full without damage (unless endorsed)<br>Name Of Receiver (PLEASE PRINT CLEARLY)<br><u>ELUIMO</u><br>Date Received: <u>160117</u> Time Received: <u>0940</u><br>Signature:  |                                     |   |   |  |  |   |  |
| Received By UTI<br>Name Of Courier (PLEASE PRINT CLEARLY)<br><u>Sim</u><br>Date Received: <u>13/1/17</u> Time Received: <u>1400</u><br>Signature:   |                                     |   |   |  |  |   |  |

POD COPY

UTL Control (002-0010)