

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 65, The Reeds 0051
Tel: (012) 673-2000
Reg. No: 2004/015747/07
VAT Reg. No: 4260213873



SUBBD23574749

POD COPY

Sender's Details Company Name: <u>ATI Solutions</u> Street Address: <u>2 DEPHI Road</u> <u>Post 12 maplungi</u> <u>Crescent</u> Suburb: <u>Sandton</u> City / Town: <u>JHB</u> Postal Code: <u>2146</u> Contact: <u>011 555 9167</u> Phone: <u>083 652 4758</u>				Consignee's Details. Full Street Address Please Company Name: <u>ATI Solutions</u> Street Address: <u>2 DEPHI Road</u> Suburb: <u>Sandton</u> City / Town: <u>JHB</u> Postal Code: <u>2146</u> Contact: <u>011 555 9167</u> Phone: <u>011 555 9167</u>				Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input type="checkbox"/> Economy <input type="checkbox"/> After Hours <input type="checkbox"/> BLNS Customs Tariff <input type="checkbox"/> Depot Hand In			
Destination Country: <u>South Africa</u> <u>Botswana</u> <u>Lesotho</u> <u>Namibia</u> <u>Swaziland</u> <u>Other</u> (Please Specify)				Sender's Reference: <u> </u> Analysis Code: <u> </u>							
SPECIAL INSTRUCTIONS Bill Charges To Account No: <u> </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>30-12-16</u>							
Total Parcels <u>1</u>		NO. OF PARCELS PER DIMENSIONS <u>1</u>		LENGTH (CM) <u>82</u>		WIDTH (CM) <u>40</u>		HEIGHT (CM) <u>66</u>		Total Mass (Kg) <u>28</u>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>MORATUWA Photob</u> Date Received: <u>060117</u> Time Received: <u>0930</u> Signature: <u> </u>						Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) <u>MELIKHAYA</u> Date Received: <u>301216</u> Time Received: <u>1532</u> Signature: <u> </u>					

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