

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 83, The Reeds 0081
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD23929442

SUBHT08745140
143

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name	SOLS ENTERPRISES (PTY) LTD	Company Name	ABERFELDY B+B	<input checked="" type="checkbox"/> Same Day	
Street Address	AMATYE RD ZONE 1	Street Address	101 PITZER STREET GLEN AUSTIN MIDRAND	<input checked="" type="checkbox"/> Express	
Suburb		Suburb		<input type="checkbox"/> With Sunrise Option	
City / Town	PLZ	City / Town	JHB	<input type="checkbox"/> With Saturday Service	
Contact	PETER SAUS	Contact	ANNA MARIE SMIT	<input type="checkbox"/> Public Holiday Service	
Phone	0741136621	Phone	0824966168	<input type="checkbox"/> Economy	
Destination Country	South Africa			<input type="checkbox"/> After Hours	
Sender's Reference		Analysis Code		<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS				<input type="checkbox"/> Depot Hand In	
Bill Charges To Account No	037766	Bill To	Sender	<input type="checkbox"/> 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 CARRIER'S RISK. SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. UTI DISTRIBUTION LIMITS ITS LIABILITY TO R 250.00 PER SHIPMENT. (SEE CLAUSE 12.6 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)	Total Mass (Kg)
5		45	31	32	68
		100	31	37	
		80	31	36	
Goods received in full without damage (unless endorsed)			Received By UTI		
Name Of Receiver (PLEASE PRINT CLEARLY)			Name Of Courier (PLEASE PRINT CLEARLY)		
Anne			Mike		
Date Received:			Date Received:		
250117			240117		
Time Received:			Time Received:		
1040			1740		
Signature:			Signature:		