

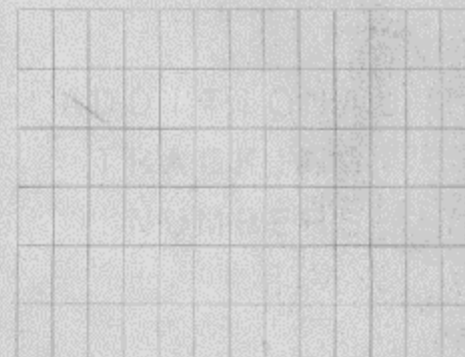
# CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
t/a UTI Distribution  
PO Box 63, The Reads 0061  
Tel (012) 673-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4260213873



SUBBD24323635



Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name	Anita de Bryn	Company Name	Le Cruise	<input type="checkbox"/> Same Day	
Street Address	61 Longstreet	Street Address	Unit 5 Heron Park	<input type="checkbox"/> Express	
Suburb		Suburb		<input type="checkbox"/> With Sunrise Option	
City / Town	Pretoria	City / Town	Somerse	<input type="checkbox"/> With Saturday Service	
Postal Code	2310	Postal Code	780	<input type="checkbox"/> Public Holiday Service	
Contact		Contact		<input type="checkbox"/> After Hours	
Phone	020 433 2074	Phone	021 851 7178	<input type="checkbox"/> BLNS Customs Tariff	
Destination Country	<input checked="" type="checkbox"/> South Africa			<input type="checkbox"/> Depot Hand In	
				<input type="checkbox"/> Total Mass (Kg)	
Sender's Reference		Analysis Code			
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <input type="checkbox"/> Bill To <input type="checkbox"/> Consignee <input checked="" type="checkbox"/> Other (Name Please) <input type="checkbox"/> 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		18.06.2018	
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1					
Goods received in full without damage (unless endorsed)			Received By UTI		
Name Of Receiver (PLEASE PRINT CLEARLY)			Name Of Carrier (PLEASE PRINT CLEARLY)		
BRASIL			M. M. M. M.		
Date Received:			Date Received:		
19/06/18			19/06/18		
Time Received:			Time Received:		
0844			445		
Signature:			Signature:		

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