

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 63, The Reeds 0081
Tel (012) 873-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4240213873



SUBBD23273425

Sender's Details Company Name: <u>ATM SOL JHB</u> Street Address: <u>7 DELPHI STC</u> <u>EASTGATE EXT10</u> <u>MARKOROW</u> Suburb: <u>SANDTOWN</u> City / Town: <u>JHB</u> Postal Code: <u> </u> Contact: <u>DEBRA</u> Phone: <u>011 555 9167</u>				Consignee's Details. Full Street Address Please Company Name: <u>ATM SOL UMTATA</u> Street Address: <u>13 MAPHURI CRESCENT</u> <u>Sidwaduwa View</u> <u>UMTATA</u> Suburb: <u> </u> City / Town: <u> </u> Postal Code: <u> </u> Contact: <u>SONWABO</u> Phone: <u>083 653 4758</u>				Mark Service Required <input type="checkbox"/> Same Day <input checked="" type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" 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>027766</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>											
Total Parcels <u>1</u>		NO. OF PARCELS PER DIMENSIONS <u> </u>		LENGTH (CM) <u>81</u>		WIDTH (CM) <u>40</u>		HEIGHT (CM) <u>67</u>		Total Mass (Kg) <u>26 kg</u>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>Lamka</u>						Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) <u>MUKOSH</u>					
Date Received: <u>22 07 16</u> Time Received: <u>15 10</u>						Date Received: <u>25 07 16</u> Time Received: <u>15 20</u>					
Signature: <u> </u>						Signature: <u> </u>					

Version Control 10/05/2010