

# CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
 Via UTI Sun Couriers  
 PO Box 53, The Roads 6061  
 Tel: (012) 673 2000  
 Reg. No. 2004/015747/07  
 VAT Reg. No. 4260213873



**SUBCD27341394**


Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name	Ambassador Duty Free	Company Name	Le Gruesel (Pty) Ltd	<input type="checkbox"/> Same Day	
Street Address	1025 Park Street	Street Address	Unit 5 Heron Park Olive Grove Industrial Estate Old Barendse Road	<input type="checkbox"/> Express	
Suburb	Hotfield	Suburb		<input type="checkbox"/> With Sunrise Option	
City / Town	Pretoria	City / Town	Somerset West	<input type="checkbox"/> With Saturday Service	
Contact	Abine Gerber	Contact	Gigi - Lee Wauje	<input type="checkbox"/> Public Holiday Service	
Phone	012 342 4406	Phone	080 997 3608	<input checked="" type="checkbox"/> Economy	
Destination Country	South Africa	Analysis Code		<input type="checkbox"/> After Hours	
Sender's Reference		Analysis Code		<input type="checkbox"/> BLNS Customs Tariff Lines	
SPECIAL INSTRUCTIONS					
Bill Charges To Account No.	027766	Bill To	Consignee	Other (Name Please)	
If Consignee Or 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 SUN COURIERS LIMITS ITS LIABILITY TO R250.00 PER SHIPMENT. (SEE CLAUSE 12.5 OVERLEAF). IF YOU WISH UTI SUN COURIERS TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSES 12.3, 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	Dimensions In Centimetres		Mass (kg)	
		LENGTH	WIDTH	HEIGHT	
1					
Goods received in full without damage (unless endorsed)			Received by UTI		
Name Of Receiver (PLEASE PRINT CLEARLY)			Name Of Receiver (PLEASE PRINT CLEARLY)		
MARCHELL			S. Mageri		
Date Received:			Date Received:		
190816			170816		
Time Received:			Time Received:		
0840			1422		
Signature			Signature		
			S. Mageri		

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