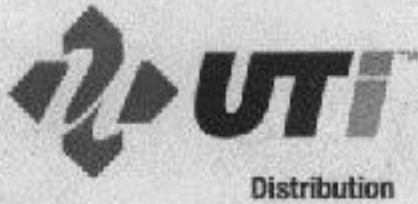
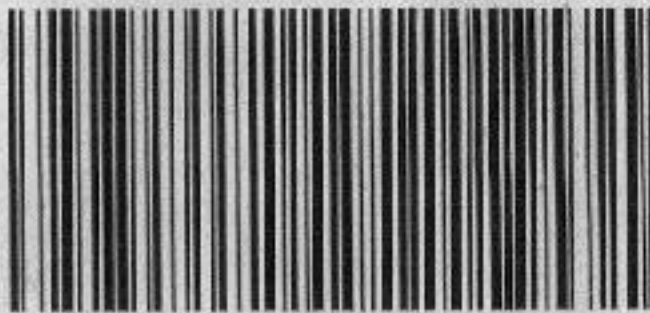


CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
t/a UTI Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 873-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4280213873



SUBBD23512974


Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>le Gravel Baywest</u>		Company Name <u>200 Kraso Street</u>				<input type="checkbox"/> Same Day	
Street Address <u>Shop LG-13, lower level, Baywest Mall, 52, Walker Drive, P.E.</u>		Street Address <u>303 Kipersol Wespark</u>				<input type="checkbox"/> Express	
Suburb <u>Walker Drive</u>		Suburb <u>Pretoria</u>				<input type="checkbox"/> With Sunrise Option	
City / Town <u>P.E.</u>	Postal Code <u>6001</u>	City / Town <u>Pretoria</u>	Postal Code <u>0183</u>	<input type="checkbox"/> With Saturday Service		<input type="checkbox"/> Public Holiday Service	
Contact <u>Pene</u>	Phone <u>011 004 0011</u>	Contact <u>Sheniso Hinalal</u>	Phone <u>073 492 6868</u>	<input type="checkbox"/> Economy		<input type="checkbox"/> After Hours	
Destination Country <u>South Africa</u>		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other <input type="checkbox"/> (Please Specify)		<input type="checkbox"/> BLNS Customs Tariff		<input type="checkbox"/> Depot Hand In	
Sender's Reference <u>UT19275937</u>		Analysis Code		<input type="checkbox"/> Total Mass (Kg)		<input type="checkbox"/> 5	
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <u>027766</u> Bill To <input type="checkbox"/> Sender <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> 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							
Total Parcels <u>1</u>		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM) <u>48</u>		WIDTH (CM) <u>14</u>	
				HEIGHT (CM) <u>28</u>			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>Thabile</u> Date Received: <u>24 08 16</u> Time Received: <u>1200</u> Signature: <u>[Signature]</u>				Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) <u>N751KELELO</u> Date Received: <u>22 08 16</u> Time Received: <u>1630</u> Signature: <u>[Signature]</u>			

Version Control 108/20 06