

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
 1/1 UTI Distribution  
 PO Box 63, The Roads 0061  
 Tel (012) 873-2000  
 Reg. No. 2004/315747/07  
 VAT Reg. No. 4280213870



SUBBD22358215

SUBHT09254547
ADDITIONAL
TRACKING
NUMBERS

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required			
Company Name: <u>ATM Solutions</u>		Company Name: <u>ATM Solutions</u>				<input type="checkbox"/> Same Day			
Street Address: <u>13 MAPHUTU Crescent Sidwaddwa</u>		Street Address: <u>7 DEIPHU Street</u>				<input type="checkbox"/> Express			
Suburb: <u>Sidwaddwa View</u>		Suburb: <u>Sandton</u>				<input type="checkbox"/> With Sunrise Option			
City/Town: <u>Norwathu</u> Postal Code: <u> </u>		City/Town: <u>JHB</u> Postal Code: <u> </u>				<input type="checkbox"/> With Saturday Service			
Contact: <u>Sammaba</u>		Contact: <u>Zwelakhe</u>				<input type="checkbox"/> Public Holiday Service			
Phone: <u>0836534758</u>		Phone: <u>0115315500</u>				<input checked="" type="checkbox"/> Economy			
Destination Country: <u>South Africa</u>		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify) <u> </u>				<input type="checkbox"/> After Hours			
Sender's Reference: <u> </u>		Analysis Code: <u> </u>				<input type="checkbox"/> BLNS Customs Tariff			
<b>SPECIAL INSTRUCTIONS</b> 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 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 12.6/12.6 AND 12.7 OVERLEAF). e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number <u> </u>									
SENDER'S AUTHORIZED SIGNATURE <u>[Signature]</u> DATE <u>04-08-16</u>						Total Mass (Kg) <u>54</u>			
Total Parcels <u>2</u>		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
		<u>1</u>		<u>80</u>		<u>X 41</u>		<u>X 68</u>	
				<u>82</u>		<u>X 43</u>		<u>X 55</u>	
Goods received in full without damage (unless endorsed)					Received By UTI				
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)				
<u>GEORGES</u>					<u>TOBI</u>				
Date Received:					Date Received:				
<u>120816</u>					<u>060816</u>				
Time Received:					Time Received:				
<u>1121</u>					<u>0830</u>				
Signature: <u>[Signature]</u>					Signature: <u>[Signature]</u>				