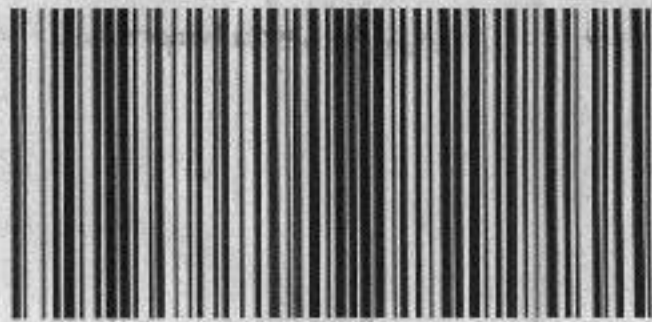


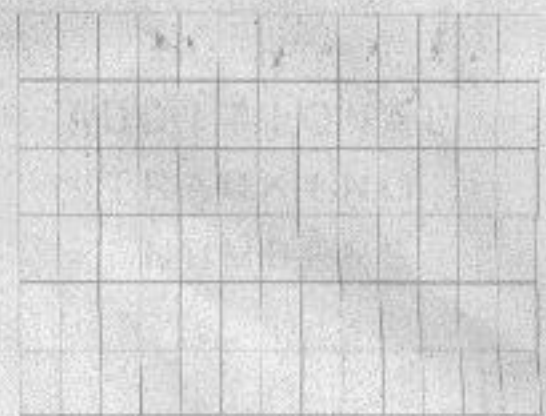
CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
t/a UTI Distribution  
PO Box 63, The Roads 0081  
Tel: (012) 573-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4260213673



SUBBD22794651



Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name: <u>Sprui Fochter</u>	Company Name: <u>de Crieset</u>			<input type="checkbox"/> Same Day	
Street Address: <u>65 Circular Drive</u>	Street Address: <u>Unit 5 Heron Park</u>			<input type="checkbox"/> Express	
<u>Paradise</u>	<u>Olive Grove Industrial</u>			<input type="checkbox"/> With Sunrise Option	
<u>Krystna</u>	<u>Somerset West</u>			<input type="checkbox"/> With Saturday Service	
Suburb: <u>Krystna</u>	Suburb: <u>Somerset West</u>			<input type="checkbox"/> Public Holiday Service	
City/Town: <u>Krystna</u>	City/Town: <u>Somerset West</u>			<input checked="" type="checkbox"/> Economy	
Postal Code: <u>6570</u>	Postal Code: <u>7130</u>			<input type="checkbox"/> After Hours	
Contact: <u>Sydney</u>	Contact: <u>Mary</u>			<input type="checkbox"/> BLNS Customs Tariff	
Phone: <u>0823535543</u>	Phone: <u>0218817178</u>			<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>			
<b>SPECIAL INSTRUCTIONS</b>					
Bill Charges To Account No. <u>027877</u>		Billed To <input type="checkbox"/> Sender <input 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	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	
<u>1</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>EUVINNO</u>			<u>Klaar</u>		
Date Received:			Date Received:		
<u>010916</u>			<u>310816</u>		
Time Received:			Time Received:		
<u>0925</u>			<u>1413</u>		
Signature: <u>[Signature]</u>			Signature: <u>[Signature]</u>		

POD COPY

Version Control 10/05/08/09