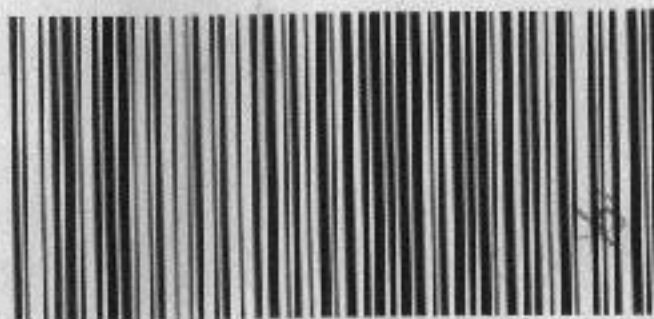


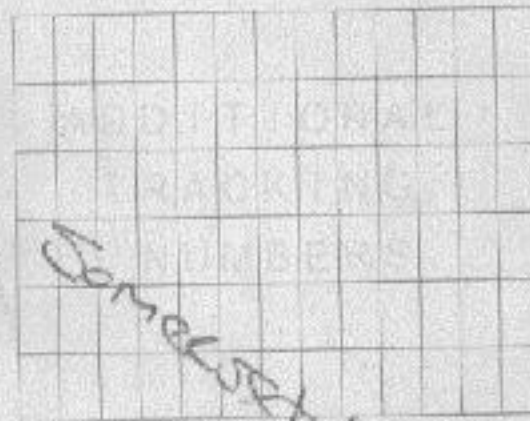
CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 63, The Roads 0001
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4280215873



SUBBD24179714



Sender's Details		Consignee's Details. Full Street Address Please		(Mark Service Required)	
Company Name	Chancell le Roux	Company Name	Le Roux	Same Day	<input checked="" type="checkbox"/>
Street Address	Baurina Street 47	Street Address	34. Main	Express	<input type="checkbox"/>
	Rvd.		Head Office.	With Sunrise Option	<input type="checkbox"/>
			Cape Town	With Saturday Service	<input type="checkbox"/>
Suburb	Rvd	Suburb	Somerset West	Public Holiday Service	<input type="checkbox"/>
City / Town	6670	City / Town	C.P.T	Economy	<input checked="" type="checkbox"/>
Postal Code		Postal Code		After Hours	<input type="checkbox"/>
Contact	061 334 8625	Contact		BLNS Customs Tariff	<input type="checkbox"/>
Phone		Phone	021 851 7178		
Destination Country	South Africa			Depot Hand In	<input type="checkbox"/>
	Botswana				
	Lesotho				
	Namibia				
	Swaziland				
	Other				
Sender's Reference		Analysis Code			
SPECIAL INSTRUCTIONS					
Bill Charges To Account No.	027877	Bill To	Sender	Consignee	Other (Name Please)
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 12.4 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		e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE	
				DATE	
				22/09/16	
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1					
Goods received in full without damage (unless endorsed)					
Name Of Receiver (PLEASE PRINT CLEARLY)					
ELUVINO					
Date Received:		Time Received:			
230916		0855			
Signature:					
Received By UTI					
Name Of Courier (PLEASE PRINT CLEARLY)					
L. CARDO					
Date Received:		Time Received:			
220916		1555			
Signature:					

POD COPY