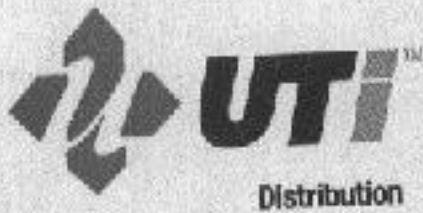


CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 63, The Reads 0081
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4250213873



SUBBD23017762

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: <u>MAGAN REUVES</u>		Company Name: <u>LE CRUSST AT MARY</u>				<input type="checkbox"/> Same Day	
Street Address: <u>13 CROSS ST</u>		Street Address: <u>UNIT 5</u>				<input type="checkbox"/> Express	
Suburb: <u>GRAHAMSTOWN</u>		Suburb: <u>OLIVE GROVE INDUSTRIAL ESTATE</u>				<input type="checkbox"/> With Sunrise Option	
City/Town: <u>G TOWN</u>		City/Town: <u>OLD PAARDEKLOOF ROAD</u>				<input type="checkbox"/> With Saturday Service	
Postal Code: <u>6139</u>		Postal Code: <u>7200</u>				<input type="checkbox"/> Public Holiday Service	
Contact: <u>M. REUVES</u>		Contact: <u>MARY</u>				<input type="checkbox"/> Economy	
Phone: <u>084 583 2829</u>		Phone: <u>021 851 7178</u>				<input type="checkbox"/> After Hours	
Destination Country: <u>South Africa</u>		Analysis Code: <u> </u>				<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference: <u> </u>						<input type="checkbox"/> Depot Hand In	
SPECIAL INSTRUCTIONS Bill Charges To Account No. <u> </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 12.5, 12.6 AND 12.7 OVERLEAF).							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number <u> </u>		SENDER'S AUTHORISED SIGNATURE <u>[Signature]</u>		DATE <u>27/08/2016</u>	
Total Parcels <u>1</u>		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
						HEIGHT (CM)	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>MARK HALL</u>				Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) <u>Remy</u>			
Date Received: <u>30/08/16</u>				Date Received: <u>29/08/16</u>			
Time Received: <u>1008</u>				Time Received: <u>1600</u>			
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			

GOOD COPY

Version Control (0000110)