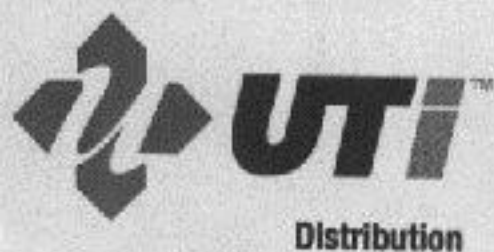


CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 63, The Reeds 0051
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD22794653

POD COPY

Sender's Details			Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <u>Sydne Fechter</u> Street Address <u>65 Circular Drive</u> <u>Paradise</u> <u>Knyana</u> Suburb <u>6570</u> City/Town <u>Knyana</u> Postal Code <u>6570</u> Contact <u>Sydne</u> Phone <u>082 353 5543</u>			Company Name <u>Mary de Coito</u> Street Address <u>Unit 5 Heron Park</u> <u>Olive Grove Industrial</u> <u>Somerset West</u> Suburb City/Town <u>Somerset West</u> Postal Code <u>7130</u> Contact <u>Mary de Coito</u> Phone <u>021 851 7178</u>						<input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours	
Destination Country <input type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)			BLNS Customs Tariff						Depot Hand in	
Sender's Reference			Analysis Code						Total Mass (Kg)	
SPECIAL INSTRUCTIONS Bill Charges To Account No. <u>027877</u> Bill 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 <u>1</u>			NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
<u>marshall</u>										
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>MA LCHALL</u>						Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) <u>Klaar</u>				
Date Received: <u>070916</u>						Date Received: <u>060916</u>				
Time Received: <u>0907</u>						Time Received: <u>1715</u>				
Signature: <u>[Signature]</u>						Signature: <u>[Signature]</u>				