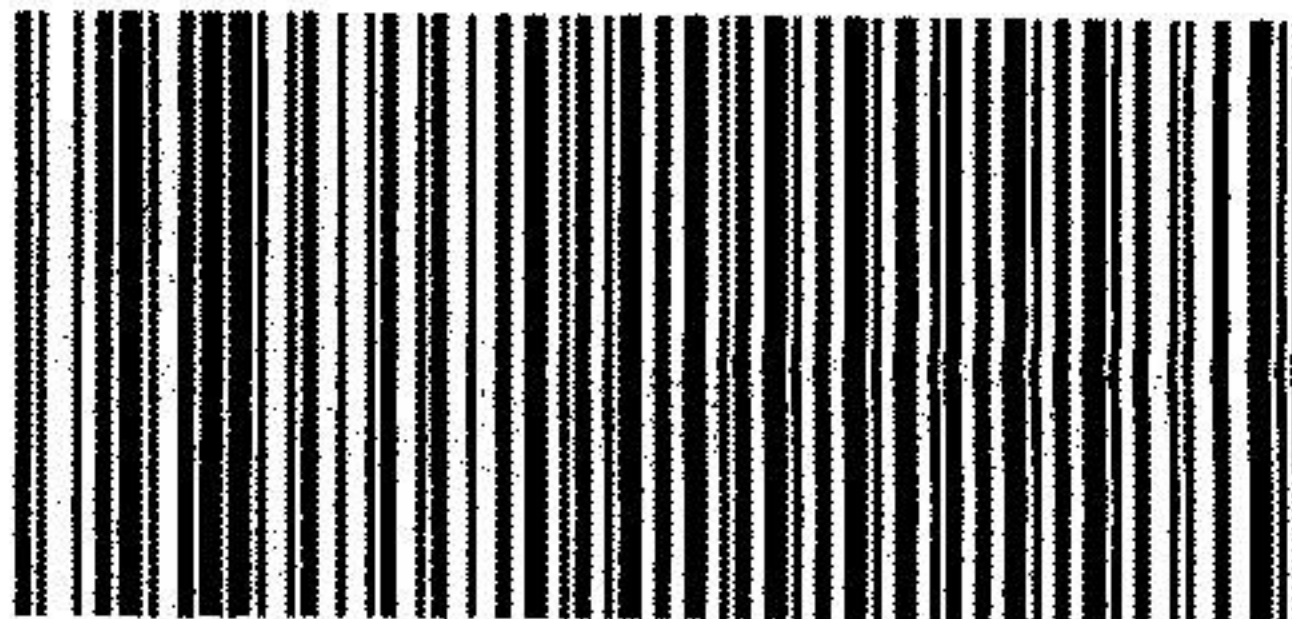


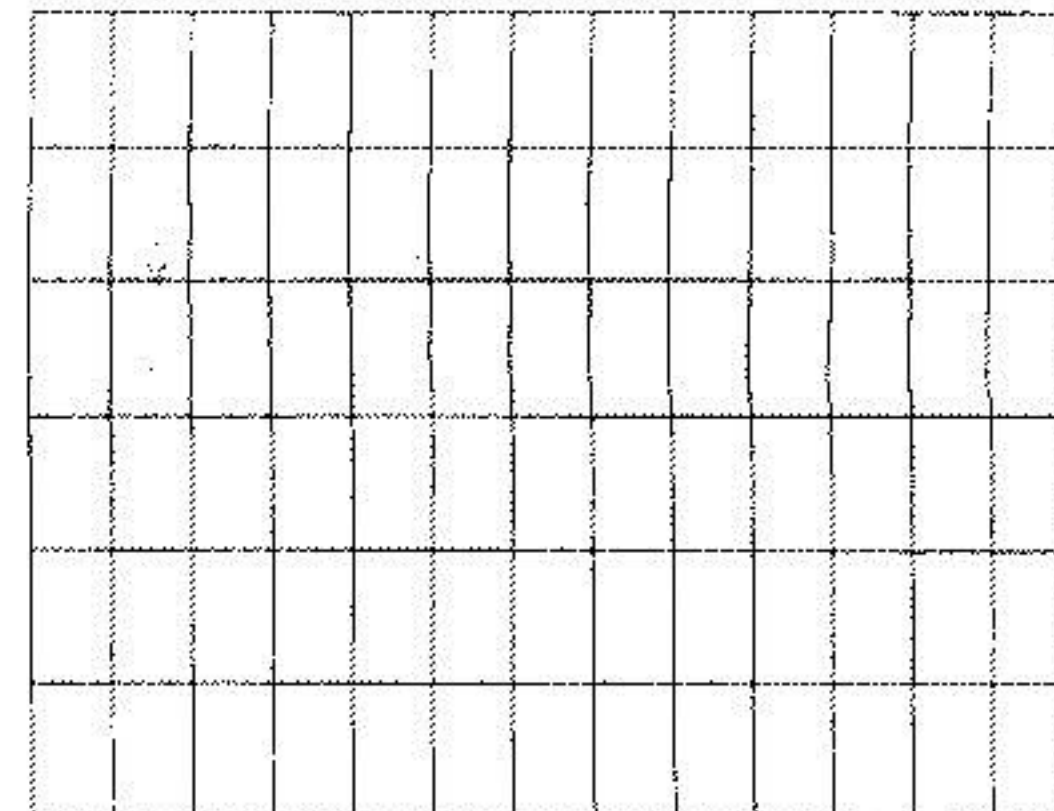
# CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
t/a UTI Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4260213873



SUBBD23266966



Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>J. Clark</u>		Company Name <u>Bill Mc Intosh</u>				<input type="checkbox"/> Same Day	
Street Address <u>32 Northwood Dr</u>		Street Address <u>Sweet Farm</u>				<input type="checkbox"/> Express	
<u>Saxonwold</u>		<u>Portion 14</u>				<input type="checkbox"/> With Sunrise Option	
Suburb		<u>Haarfeest Kraal</u>				<input type="checkbox"/> With Saturday Service	
City / Town <u>Johannesburg</u> Postal Code <u>2196</u>		City / Town <u>Paar</u> Postal Code <u>Boschenmeer</u>				<input checked="" type="checkbox"/> Economy	
Contact		<u>Avondale</u>				<input type="checkbox"/> After Hours	
Phone <u>082 699 2633</u>		Phone <u>082 885 0611</u>				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country		South Africa		Botswana		Lesotho	
		Namibia		Swaziland		Other (Please Specify)	
Sender's Reference		Analysis Code				<input type="checkbox"/> Depot Hand In	
SPECIAL INSTRUCTIONS <u>FRAGILE</u>							
Bill Charges To Account No. <u>027766</u>		Bill To 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.							
<p>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).</p>							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		<u>Clark</u> SENDER'S AUTHORIZED SIGNATURE		<u>08/9/16</u> DATE	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
HEIGHT (CM)		Total Mass (Kg)					
<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>LENGOR</u>				<u>NGO</u>			
Date Received:		Time Received:		Date Received:		Time Received:	
<u>12/09/16</u>		<u>1626</u>		<u>08/09/16</u>		<u>1430</u>	
Signature: <u>Lengor</u>				Signature: <u>WNgoo</u>			