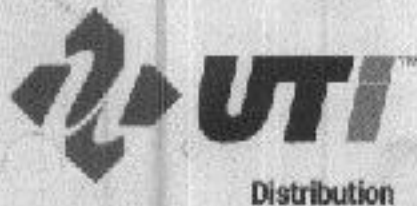
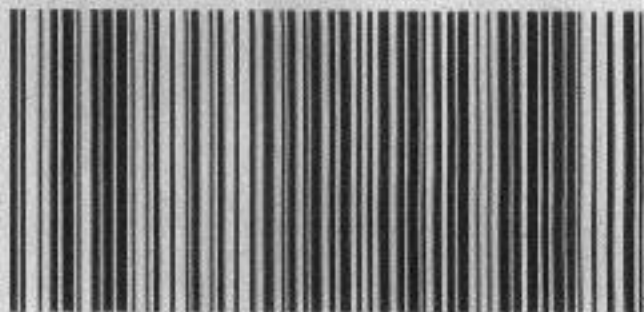


CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 63, The Reeds 0091
Tel (012) 873-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4290213873



SUBBD23518507

SUBH709552132

150

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: PRINTER		Company Name: (CSECI HOSPITAL)				<input checked="" type="checkbox"/> Same Day	
Street Address: COAST ROAD NORTH		Street Address: 555 Tladi Street				<input type="checkbox"/> Express	
313 Road Ntshongwe		Thabang Welkom				<input type="checkbox"/> With Sunrise Option	
493 Randjespark Rd 121		4463				<input type="checkbox"/> With Saturday Service	
Suburb:		Suburb:				<input type="checkbox"/> Public Holiday Service	
City/Town: JHB Postal Code:		City/Town: Welkom Postal Code:				<input type="checkbox"/> Economy	
Contact: NGE		Contact: Mbongeni Nhlapo				<input type="checkbox"/> After Hours	
Phone: 011 237 5900		Phone: 057 355 4240				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country: <input checked="" 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)						<input type="checkbox"/> Depot Hand in	
Sender's Reference:		Analysis Code:				<input type="checkbox"/> Total Mass (Kg)	
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027 766 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 12.4 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 12.6 AND 12.7 OVERLEAF). e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number:							
Total Parcels: 20 boxes		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM): 40		WIDTH (CM): 40	
				HEIGHT (CM): 55			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): DANZO				Received By UTI Name Of Courier (PLEASE PRINT CLEARLY): DAFANA			
Date Received: 29 08 16		Time Received: 13 30		Date Received: 26 08 16		Time Received: 12 30	
Signature:				Signature:			