

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Sun Couriers
PO Box 63, The Reads 0081
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4780111177



SUBBD09640543

COUNTS COPY

Sender's Details Company Name <u>CDS VINTEC</u> Address City / Town <u>FAARL</u> Postal Code Contact <u>Roseane</u> Phone <u>021863500</u>		Consignee's Details. Full Street Address Please Company Name <u>JONDAY FOODS</u> Address <u>10 Lethion Road</u> <u>Briardere</u> City / Town Postal Code <u>4051</u> Contact <u>DIANE BENGTON</u> Phone <u>031 563 2159</u>		Mark Service Required <input checked="" type="checkbox"/> Same Day <input type="checkbox"/> Express <input checked="" type="checkbox"/> With Sunday Option <input checked="" type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input type="checkbox"/> Economy <input type="checkbox"/> After Hours
Destination Country <u>South Africa</u> <u>Botswana</u> <u>Lesotho</u> <u>Namibia</u> <u>Swaziland</u> <u>Other</u> (Please Specify)		BLNS Customs Lines		
Sender's Reference Analysis Code		Depot Hand In		
SPECIAL INSTRUCTIONS Bill Charges To Account No. <u>027766</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 6 OVERLEAF). GOODS ARE SHIPPED AT OWNER'S RISK, SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. UTI SUN COURIERS LIMITS ITS LIABILITY TO R 100.00 PER SHIPMENT. (SEE CLAUSE 8.2 OVERLEAF). IF YOU WISH UTI SUN COURIERS TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSES 8.2, 8.3 AND 8.4 OVERLEAF).				
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		SENDER'S AUTHORIZED SIGNATURE <u>[Signature]</u> <u>7/11/17</u>		
No. Of Parcels <u>1</u>	Dimensions In Centimetres NO. OF PARCELS LENGTH WIDTH HEIGHT		Mass (Kg)	
Received In Full By Consignee (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) Date Received: <u>DOMMY</u> Time Received: <u>HMM</u>		Received By UTI Name Of Courier <u>[Signature]</u> Signature <u>[Signature]</u> Date <u>7/11/17</u> Time <u>14H51</u>		
Please Sign Your Name:		Cash Shipment Amount Received By Courier R Billing Other R		