

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 93, The Reeds 0061
Tel: (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260219873



SUBBD23928542

SUBHT09621792

SUBHT09621793

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name	SOLIS ENTERPRISES (Pty) LTD	Company Name	ABERFELDY B+B	<input type="checkbox"/> Same Day	
Street Address	59 AMATYE COEGA	Street Address	101 PITZER STREET ELEN DUSTIN KOTIDRANO	<input checked="" type="checkbox"/> Express	
Suburb		Suburb		<input type="checkbox"/> With Sunrise Option	
City / Town	APLZ	City / Town	JHB	<input type="checkbox"/> With Saturday Service	
Contact	PETER JANS	Contact	ANNE MARIE SMIT	<input type="checkbox"/> Public Holiday Service	
Phone	0741136621	Phone	082 496 6168	<input type="checkbox"/> Economy	
Destination Country	South Africa	Destination Country	Other (Please Specify)	<input type="checkbox"/> After Hours	
Sender's Reference		Analysis Code		<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS				<input type="checkbox"/> Depot Hand In	
Bill Charges To Account No.	027766	Bill To	Consignee	<input type="checkbox"/> Other (Name Please)	
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 Mass (Kg)	
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	
3		80	45	35	51
		49	40	30	
		61	26	98	
Goods received in full without damage (unless endorsed)			Received By UTI		
Name Of Receiver (PLEASE PRINT CLEARLY)			Name Of Courier (PLEASE PRINT CLEARLY)		
AGEL			ANDILE		
Date Received:			Date Received:		
21/10/16			20/10/16		
Time Received:			Time Received:		
1015			1402		
Signature: AGEL			Signature: [Signature]		

POD COPY

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