

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. 203401574707
VAT Reg. No. 4260213673



SUBBD23737229

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name MPK.		Company Name JL Paine (Le Croyeset)				<input type="checkbox"/> Same Day	
Street Address 12 Clyde Street		Street Address Unit 5 Intersection N2 & R44				<input type="checkbox"/> Express	
Suburb Knysna		Suburb Shop 45 Somerset mall				<input type="checkbox"/> With Sunrise Option	
City / Town Knysna		City / Town Somerset West				<input type="checkbox"/> With Saturday Service	
Postal Code 6570		Postal Code 0661				<input type="checkbox"/> Public Holiday Service	
Contact BAILEY		Contact Jamie Paine				<input checked="" type="checkbox"/> Economy	
Phone 044 352 7070		Phone 082 553 9980				<input type="checkbox"/> After Hours	
Destination Country		South Africa		Botswana		Lesotho	
Sender's Reference				Analysis Code			
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 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						SENDER'S AUTHORIZED SIGNATURE [Signature] DATE 19.10.16	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
1		E1120					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) E1120				Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) K1120			
Date Received: 201016 Time Received: 1051				Date Received: 191016 Time Received: 1620			
Signature: [Signature]				Signature: [Signature]			