

# 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. 4280213873



SUBBD23762229

Le Crat 02006857  
829

COUNTS COPY

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name <u>Le Crat</u>		Company Name <u>Le Crat</u>		<input type="checkbox"/> Same Day	
Street Address		Street Address		<input type="checkbox"/> Express	
Suburb		Suburb		<input type="checkbox"/> With Sunrise Option	
City / Town <u>CAT</u>	Postal Code	City / Town <u>JNB</u>	Postal Code	<input type="checkbox"/> With Saturday Service	
Contact		Contact		<input checked="" type="checkbox"/> Public Holiday Service	
Phone		Phone		<input checked="" type="checkbox"/> Economy	
Destination Country	South Africa	Lesotho	Namibia	<input type="checkbox"/> After Hours	
Sender's Reference <u>Le Crat 02006857</u>	Analysis Code	Swaziland	Other	<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS				<input type="checkbox"/> Depot Hand In	
Bill Charges To Account No. <u>027766</u>	Bill To <input type="checkbox"/> Sender	Consignee <input type="checkbox"/>	Other (Name Please) <input type="checkbox"/>	<input type="checkbox"/> Liability: Value For Loss or Damage	
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		DATE <u>13/09/16</u>	
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	
<u>3</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>AUX7</u>					
Date Received: <u>15/09/16</u>		Date Received:			
		<u>13/18</u>			
Signature:		Signature:			
		Time Received:			
		<u>13/18</u>			