

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		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name CDS VINTEC		Company Name JONDAY FOODS				<input checked="" type="checkbox"/> Same Day	
Address 		Address 10 Lethion Road				<input checked="" type="checkbox"/> Express	
City / Town FAARL Postal Code 		City / Town Postal Code 4051				<input checked="" type="checkbox"/> With Sunday Option	
Contact Roseane Phone 021863500		Contact DIANE BENGTSON Phone 031 563 2159				<input checked="" type="checkbox"/> With Saturday Service	
Destination Country		South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference 		Analysis Code 				<input type="checkbox"/> Public Holiday Service	
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To <input type="checkbox"/> Sender 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 					
No. Of Parcels	NO. OF PARCELS	Dimensions In Centimetres			HEIGHT	Mass (Kg)	
1		LENGTH	WIDTH				
Received In Full By Consignee (unless endorsed)		Received By UTI			Cash Shipment		
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier			Amount Received By Courier		
Date Received: DOMMY		Signature MD MORRE			R 		
Time Received: HHMM		Date 7/11/17			Billing Other		
Please Sign Your Name: 		Time 14/51			R 		

BLNS
Customs
Lines

Depot Hand In

Insure: Value For
Loss or Damage

Insure: (Costs Incidental
To Loss, Damage Or Delay)

Original POD Required
PO Box

Origin
Code

Desti-
nation
Code