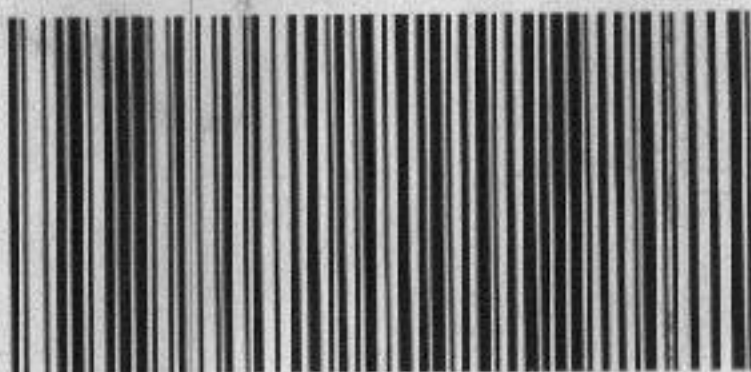


CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 53, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD23188783

ADDITIONAL
TRACKING
NUMBERS

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name: VKB		Company Name: WOTIS						<input type="checkbox"/> Same Day	
Street Address: 31 PRESIDENT STR		Street Address: HEBON PPEL						<input type="checkbox"/> Express	
Suburb: SWART		Suburb: OLIVE GROVE						<input type="checkbox"/> With Sunrise Option	
City / Town: LEITZ		City / Town: INDUSTRIAL ESTATE						<input type="checkbox"/> With Saturday Service	
Postal Code: LEITZ		Postal Code: OLD PHARDEULEI						<input type="checkbox"/> Public Holiday Service	
Contact: LEITZ		Contact: SONEET WESI						<input type="checkbox"/> Economy	
Phone: LEITZ		Phone: 021 951 9178						<input type="checkbox"/> After Hours	
Destination Country: South Africa		<input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)						<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference: 027766		Analysis Code: 027766						<input type="checkbox"/> Depot Hand In	
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).									
SENDER'S AUTHORISED SIGNATURE _____ DATE _____									
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number _____									
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
<div></div>									
Goods received in full without damage (unless endorsed)					Received By UTI				
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)				
ELYINO					BOV				
Date Received:					Date Received:				
18/12/16					15/12/16				
Time Received:					Time Received:				
1200					1600				
Signature:					Signature:				

POD COPY

Version Control (06/2016)