

# CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
t/a UTI Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 873-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4260213873



SUBBD22358380


Sender's Details		Consignee's Details, Full Street Address Please		Mark Service Required	
Company Name <u>ATM Solutions</u>		Company Name <u>ATM Solutions</u>		<input type="checkbox"/> Same Day	
Street Address <u>4013 MAPHURZI</u>		Street Address <u>7 DE/PHI Street</u>		<input type="checkbox"/> Express	
Suburb <u>Sidwaelwa View</u>		Suburb <u>Sandton</u>		<input type="checkbox"/> With Sunrise Option	
City/Town <u>Mtataha</u> Postal Code <u> </u>		City/Town <u>JHB</u> Postal Code <u> </u>		<input type="checkbox"/> With Saturday Service	
Contact <u>083 6534758</u>		Contact <u>023 024 99017</u>		<input type="checkbox"/> Public Holiday Service	
Phone <u> </u>		Phone <u>011 52155000</u>		<input checked="" type="checkbox"/> Economy	
Destination Country		South Africa		<input type="checkbox"/> After Hours	
		Botswana		<input type="checkbox"/> BLNS Customs Tariff	
		Lesotho		<input type="checkbox"/> Depot Hand In	
		Namibia		<input type="checkbox"/>	
		Swaziland		<input type="checkbox"/>	
		Other (Please Specify)		Total Mass (Kg) <u>135</u>	
Sender's Reference <u> </u>		Analysis Code <u> </u>			
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <u> </u> 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 <u> </u>					
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<u>5</u>	<u>2</u>	<u>78</u>	<u>37</u>	<u>66</u>	<u>135</u>
	<u>1</u>	<u>68</u>	<u>39</u>	<u>53</u>	
	<u>1</u>	<u>70</u>	<u>45</u>	<u>60</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>ZWELAKHE</u>			<u> </u>		
Date Received:			Date Received:		
<u>230816</u>			<u>0814</u>		
Time Received:			Time Received:		
<u>0814</u>			<u> </u>		
Signature: <u> </u>			Signature: <u> </u>		