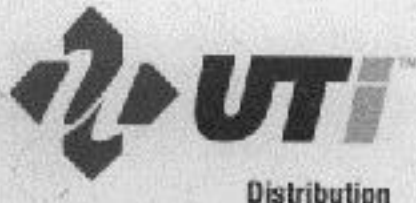


CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 63, The Reeds 0381
Tel: (012) 673-2000
Reg. No. 2004/01574707
VAT Reg. No. 4260213873



SUBBD24250384

SUBHT09256029
031

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: SJS ENTERPRISES		Company Name: ABERTELDY B+B				<input type="checkbox"/> Same Day	
Street Address: 59 AMATYE RD		Street Address: 101 PITZER STREET				<input checked="" type="checkbox"/> Express	
Suburb: COEGA IDZ		Suburb: ELEN AUSTIN				<input type="checkbox"/> With Sunrise Option	
City/Town: PLZ		City/Town: MTD RAND				<input type="checkbox"/> With Saturday Service	
Contact: PIETER SAULS		Contact: ANNAMARIE K SMIT				<input type="checkbox"/> Public Holiday Service	
Phone: 074136621		Phone: 082 4966168				<input type="checkbox"/> Economy	
Destination Country: South Africa		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/>				<input type="checkbox"/> After Hours	
Sender's Reference: 027766		Analysis Code: 027766				<input type="checkbox"/> BLNS Customs Tariff	
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 12.5.2.6 AND 12.7 OVERLEAF).							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		SENDER'S AUTHORIZED SIGNATURE: [Signature]		DATE: 29/08/2016	
Total Parcels: 4		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM): 43		WIDTH (CM): 34	
				HEIGHT (CM): 34		Total Mass (Kg): 62	
Goods received in full without damage (unless endorsed)		Name Of Receiver (PLEASE PRINT CLEARLY): PIETER SAULS		Received By UTI: Mike		Name Of Courier (PLEASE PRINT CLEARLY): Mike	
Date Received: 300816		Time Received: 0830		Date Received: 29-08-16		Time Received: 1231	
Signature: [Signature]				Signature: [Signature]			

POD COPY