

# CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTISouth Africa (Pty) Ltd  
t/a UTI Distribution  
PO Box 83, The Reads 0061  
Tel (012) 673-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4260213873



SUBBD23533171



## Sender's Details

Company Name Giori  
Street Address 11 MITCHELL STREET  
HEEMANUS  
Suburb  
City/Town HEEMANUS Postal Code 7700  
Contact MARCESE  
Phone 028 312 6979

## Consignee's Details. Full Street Address Please

Company Name LE CLAUSER  
Street Address UNIT 5 HOLLOW PARK OLIVE  
CAROL BUSINESS UNIT, THE  
INTERCHANGE, SA  
Suburb  
City/Town CONWAY WEST Postal Code 71  
Contact HELENA  
Phone 021 851 7178

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

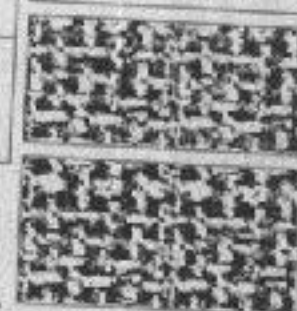
Public Holiday Service

Economy

After Hours

BLNS  
Customs  
Tariff

Depot Hand In



Total Mass (Kg)

Destination Country South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)

Sender's Reference

Analysis Code

## SPECIAL INSTRUCTIONS

Bill Charges  
To Account No. 027766

Bill To  
Sender ☐ Consignee ☐ Other ☐ (Name Please)

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 ☐

e-mail Address / Fax Number

SENDER'S AUTHORISED SIGNATURE

DATE

16/08/16

## Total Parcels

NO. OF PARCELS  
PER DIMENSIONS

LENGTH (CM)

WIDTH (CM)

HEIGHT (CM)

1

MARCESE

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)

MARCESE

Date Received:

28/08/16

Time Received:

0840

Signature:

[Signature]

Received By UTI

Name Of Courier (PLEASE PRINT CLEARLY)

CLIVE

Date Received:

24/08/16

Time Received:

1405

Signature:

[Signature]