

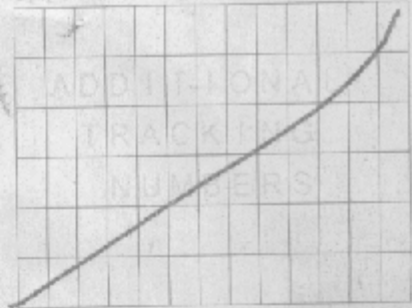
CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
 t/a UTI Distribution
 PO Box 63, The Reeds 0061
 Tel: (012) 673-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4250213873



SUBBD22332079



Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: CHECKERS MARGATE		Company Name: SHIPRITE HEAD OFFICE				<input type="checkbox"/> Same Day	
Street Address: CHR WINDSOR & WARTSKI DR MARGATE		Street Address: 2ND FLOOR BERRYVIEW MAIL BRICKHILL ROAD MELLE DRIVE DURBAN				<input type="checkbox"/> Express	
Suburb:		Suburb: DURBAN				<input type="checkbox"/> With Sunrise Option	
City/Town: MARGATE Postal Code: 4275		City/Town: DURBAN Postal Code: 4056				<input type="checkbox"/> With Saturday Service	
Contact:		Contact: CYRIL				<input type="checkbox"/> Public Holiday Service	
Phone: 039 312 9520		Phone: 031 3021200				<input type="checkbox"/> Economy	
Destination Country: South Africa		Other (Please Specify):				<input type="checkbox"/> After Hours	
Sender's Reference:		Analysis Code:				<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No: 027828		Bill To: <input type="checkbox"/> Sender		Consignee: <input type="checkbox"/>		Other (Name Please): <input type="checkbox"/>	
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			
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)	
1		1 X	30	20	1	1.	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): A. Burton				Received By UTI Name Of Courier (PLEASE PRINT CLEARLY): Hodges			
Date Received: 16/01/19		Time Received: 10-05		Date Received: 15/01/19		Time Received: 16:00	
Signature: <i>to</i>				Signature: <i>[Signature]</i>			

POD COPY

Version Control: 03/2010