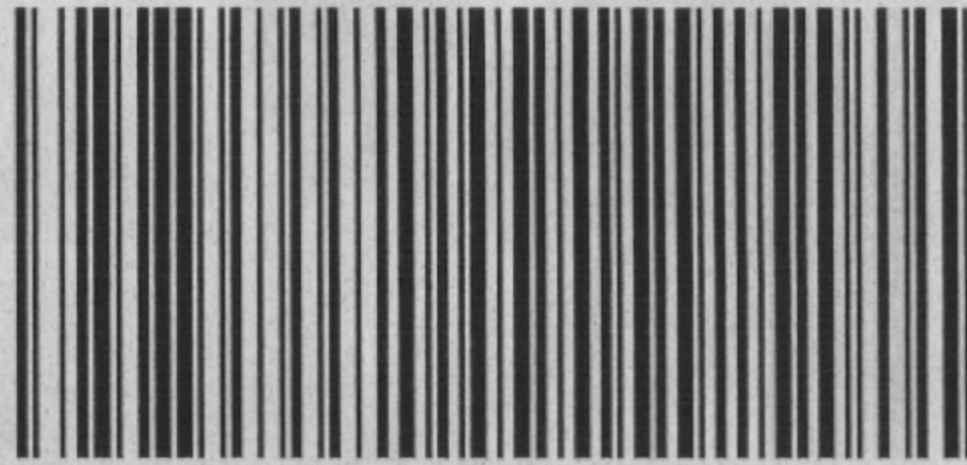


**CONTRACT FOR CARRIAGE / DISPATCH NOTE**



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. 4260213873



SUBBD23010842

ADDITIONAL																				
TRACKING																				
NUMBERS																				

<b>Sender's Details</b>				<b>Consignee's Details. Full Street Address Please</b>						<b>Mark Service Required</b>					
Company Name <u>WURTH SA</u>				Company Name <u>WURTH SA - CPT</u>						<input type="checkbox"/> Same Day					
Street Address <u>90 FOUNDRY &amp; BRICK ROADS INDUSTRIAL</u>				Street Address <u>A DAWN ROAD MONTAGUE GARDENS</u>						<input type="checkbox"/> Express					
Suburb <u>INDUSTRIAL</u>				Suburb <u>MONTAGUE GARDENS</u>						<input type="checkbox"/> With Sunrise Option					
City / Town <u>GEORGE</u> Postal Code <u>6530</u>				City / Town <u>CAPE TOWN</u> Postal Code <u></u>						<input type="checkbox"/> With Saturday Service					
Contact <u>011 8746006</u>				Contact <u>ATTN: RYAN</u>						<input type="checkbox"/> Public Holiday Service					
Phone <u>011 8746006</u>				Phone <u>ATTN: RYAN</u>						<input checked="" type="checkbox"/> Economy					
Destination Country		South Africa		Botswana		Lesotho		Namibia		Swaziland		Other (Please Specify)		<input type="checkbox"/> After Hours	
Sender's Reference <u>2863650</u>				Analysis Code <u></u>						<input type="checkbox"/> BLNS Customs Tariff					
<b>SPECIAL INSTRUCTIONS</b>												<input type="checkbox"/> Depot Hand In			
Bill Charges To Account No. <u>700418</u>				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 <u>071118</u>								<b>Total Mass (Kg)</b>			
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>		<b>HEIGHT (CM)</b>							
<u>1</u>		<u>Parcel</u>		<u></u>		<u></u>		<u></u>							
<b>Goods received in full without damage (unless endorsed)</b>						<b>Received By UTi</b>									
Name Of Receiver (PLEASE PRINT CLEARLY) <u>DRYAN HAMMAN</u>						Name Of Courier (PLEASE PRINT CLEARLY) <u>CUBO</u>									
Date Received: <u>081118</u>			Time Received: <u>0938</u>			Date Rec'd: <u>081118</u>			Time Received: <u>1638</u>						
Signature: <u>[Signature]</u>						Signature: <u>[Signature]</u>									

POD COPY

Version Control (06/2010)