

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



SUBBD23490593

ADDITIONAL
TRACKING
NUMBERS

damages

POD COPY

Sender's Details

Company Name: *Lalceuset Bedford*

Street Address: *Shop 107 Bedford centre*
Smith & van der Linde

Suburb: *Bedfordview*

City/Town: *Job* Postal Code: *2008*

Contact: *Travis*

Phone: *011 6151923*

Consignee's Details. Full Street Address Please

Company Name: *Lalceuset SA*

Street Address: *Unit 5 Heeren Park*
Clive Grove / Industrial Estate
Old Paardevelei rd

Suburb: *Somers West*

City/Town: *Cape Town* Postal Code: *7130*

Contact: *Francis Juma*

Phone: *021 851778*

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS Customs Tariff

Depot Hand In

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

Sender's Reference: _____ Analysis Code: _____

SPECIAL INSTRUCTIONS

Bill Charges To Account No.: _____

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).

SENDER'S AUTHORISED SIGNATURE: _____ DATE: *28/12/17*

e-mail / Fax / Proof of Delivery e-mail Address / Fax Number _____

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<i>1</i>				

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY): *Nevo*

Date Received: *02 01 18* Time Received: *09:00*

Signature: *[Signature]*

Received By UTI

Name Of Courier (PLEASE PRINT CLEARLY): *Nevo*

Date Received: *28 12 17* Time Received: *16:00*

Signature: *[Signature]*