

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
t/a UTI Distribution  
PO Box 63, The Reeds 0081  
Tel (012) 673-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4280215873



SUBBD23490602

ADDITIONAL					
TRACKING					
NUMBERS					

<b>Sender's Details</b> Company Name: <i>Le Coerset</i> Street Address: <i>Bedford Centre Shop u 17</i> Suburb: <i>Bedfordview</i> City/Town: <i>JHB</i> Postal Code: <i>2008</i> Contact: <i>Mika</i> Phone: <i>011 615 1923</i>			<b>Consignee's Details. Full Street Address Please</b> Company Name: <i>Le Coerset</i> Street Address: <i>Shop 2040 Mall of Africa</i> Suburb: <i>c/o Ben Schoeman</i> City/Town: <i>Sauteng</i> Postal Code: <i>2056</i> Contact: <i>Casandra</i> Phone: <i>011 558 2097</i>			<b>Mark Service Required</b> <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input type="checkbox"/> Economy <input type="checkbox"/> After Hours <input type="checkbox"/> BLNS Customs Tariff <input type="checkbox"/> Depot Hand In
Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference: <i>UTI 0241036</i>			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).

*C. Coerset*  
 SENDER'S AUTHORISED SIGNATURE DATE: *30.01.2018*

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)
<i>1</i>				

Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <i>EIEN</i> Date Received: <i>310118</i> Time Received: <i>1258</i> Signature: <i>M. E. S. S. S.</i>	Received By UTI Name Of Courier (PLEASE PRINT CLEARLY): <i>J. M. M.</i> Date Received: <i>300118</i> Time Received: <i>1350</i> Signature: <i>M. M.</i>
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POD COPY

Version Control: 01/02/08