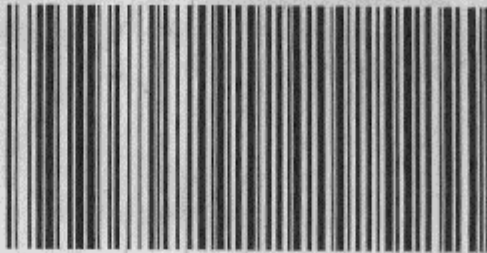


CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
 t/a UTI Sun Couriers
 PO Box 63, The Reeds 0061
 Tel (012) 673 2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4260213673



SUBCD28832840

POD COPY

Sender's Details			Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name	LE CROUSET CNR 6 th ROAD E		Company Name	LE CROUSET SHOP CRESTIA			<input type="checkbox"/> Same Day	
Street Address	JAN SMUTS		Street Address	SHOP U41 CRESTIA SHOPPING			<input type="checkbox"/> Express	
	HYDE PARK CNR			CENTRE.			<input type="checkbox"/> With Sunrise Option	
Suburb	SANDSTON		Suburb	CRESTIA			<input type="checkbox"/> With Saturday Service	
City / Town	JHR	Postal Code	City / Town	JHR	Postal Code	2021	<input type="checkbox"/> Public Holiday Service	
Contact	PATRICIA		Contact	RHINDILE			<input type="checkbox"/> Economy	
Phone	011 325 5605		Phone	011 476 6016			<input type="checkbox"/> After Hours	
Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other	<input type="checkbox"/> BLNS Customs Tariff Lines	
Sender's Reference	UTI		Analysis Code			<input type="checkbox"/> Depot Hand In		

SPECIAL INSTRUCTIONS

Bill Charges To Account No. Bill To Sender Consignee Other (Name Please)

If Consignee Or 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 SUN COURIERS LIMITS ITS LIABILITY TO R250,00 PER SHIPMENT. (SEE CLAUSE 12.5 OVERLEAF) IF YOU WISH UTI SUN COURIERS TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSES 12.5, 12.6 AND 12.7 OVERLEAF)

SENDER'S AUTHORISED SIGNATURE
 21/01/18
 DATE

e-mail / Fax / Proof of delivery e-mail Address / Fax Number

Total Parcels	Dimensions in Centimetres				Mass (kg)
	NO. OF PARCELS	LENGTH	WIDTH	HEIGHT	
1					

Goods received in full without damage (unless endorsed)
 Name Of Receiver (PLEASE PRINT CLEARLY)
 RHINDILE
 Date Received: 10/01/18
 Time Received: 12:48
 Signature:

Received by UTI
 Name Of Courier (PLEASE PRINT CLEARLY)
 KABL
 Date Received: 12/01/18
 Time Received: 12:50
 Signature:

Original POD Required
 PO Box