

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 63, The Reeds 0081
Tel: (012) 873-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4280213873



SUBBD22731725

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name: LE CREUSET -MALL OF AFR SHOP 2040 Street Address: CNR ALLENDALE ROAD & BEN SCHOFMAN HIGHWAY Suburb: WATERFALL ESTATE City/Town: MID Postal Code: 2066 Contact: CASSANDRA Phone: 011 568 2097		Company Name: Le Creuset Warehouse Street Address: Unit 5, Heron Park Olive Grove Industrial Suburb: Somerset West City/Town: Cape Town Postal Code: 7800 Contact: France Phone: 021 851 7178		<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 checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours <input type="checkbox"/> BLNS Customs Tariff <input type="checkbox"/> Depot Hand In	
Destination Country: <input checked="" type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)		Sender's Reference: Dam & Replacement Analysis Code:		Total Mass (Kg)	
SPECIAL INSTRUCTIONS Bill To: <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> 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 12.6, 12.8 AND 12.7 OVERLEAF).					
SENDER'S AUTHORIZED SIGNATURE: <i>H. H. H. H.</i> DATE: 18/10/2016					
Total Parcels: 1 NO. OF PARCELS PER DIMENSIONS: Box LENGTH (CM): 30 WIDTH (CM): 20 HEIGHT (CM): 10		Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): MARCEAU Date Received: 20/10/16 Time Received: 08:00 Signature: <i>[Signature]</i>			
Received By UTI Name Of Courier (PLEASE PRINT CLEARLY): H. H. H. H. Date Received: 10/11/2016 Time Received: 11:50 Signature: <i>[Signature]</i>					