

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. 4280213873



SUBBD22426986

Sender's Details Company Name: <u>K.H. SAVY</u> Street Address: <u>5 WGDERS</u> <u>GREYTON</u> <u>WESTERN CAPE</u> Suburb: _____ City/Town: <u>GREYTON</u> Postal Code: <u>7233</u> Contact: _____ Phone: <u>Cell 022 1387029</u>		Consignee's Details. Full Street Address Please Company Name: <u>LE CREUSET</u> Street Address: <u>HEAD OFFICE</u> Suburb: _____ City/Town: _____ Postal Code: _____ Contact: _____ Phone: _____		Mark Service Required <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
Destination Country: <u>South Africa</u> Botswana Lesotho Namibia Swaziland Other (Please Specify) _____		BLNS Customs Tariff: _____		
Sender's Reference: <u>K.H. SAVY</u> Analysis Code: _____		Depot Hand In: _____		
SPECIAL INSTRUCTIONS Bill Charges To Account No: <u>027877</u> Bill To <input type="checkbox"/> Sender Consignee <input checked="" 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 12.5.12.6 AND 12.7 OVERLEAF).				
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number _____		SENDER'S AUTHORISED SIGNATURE: <u>[Signature]</u> DATE: <u>04/10/2016</u>		
Total Parcels: <u>1</u> NO. OF PARCELS PER DIMENSIONS: _____ LENGTH (CM): _____ WIDTH (CM): _____ HEIGHT (CM): _____		Total Mass (Kg): _____		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>MARK CHAI</u> Date Received: <u>05/10/16</u> Time Received: <u>0905</u> Signature: <u>[Signature]</u>		Received By UTI Name Of Courier (PLEASE PRINT CLEARLY): <u>GREG</u> Date Received: <u>05/10/16</u> Time Received: <u>1217</u> Signature: <u>[Signature]</u>		

POD COPY

Version Control (05/2016)