

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 83, The Reeds 0061
Tel: (012) 873-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4280213873



SUBBD22896483

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name: LE CREUSET NICOLWAY Street Address: WILLIAM NICOL SHOPPING CENTR Suburb: BRYANSTON City / Town: JNB Postal Code: 2021 Contact: STEPHANIE Phone: 011 706 2198		Company Name: LE CREUSET Street Address: Unit 5, Hoop Pk, Old Olive Grove, Old Bontevelde Road, Industrial Estate, Bontevelde West Suburb: Bontevelde West City / Town: CPT Postal Code: 7700 Contact: John Phone: (021) 851 118		<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: UT10458366 Analysis Code:			
SPECIAL INSTRUCTIONS Bill Charges To Account No: 027766 Bill To: <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) 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: <i>[Signature]</i> DATE: 24/10/16		Total Mass (Kg)	
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): MARCHAL Date Received: 24/10/16 Time Received: 09:55 Signature: <i>[Signature]</i>		Received By UTi Name Of Courier (PLEASE PRINT CLEARLY): JOHN Date Received: 24/10/16 Time Received: 15:00 Signature: <i>[Signature]</i>			

POD COPY