

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2900
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD24156489

SUBH	T0631	0965
ADDITIONAL		
PACKING		
WEIGHT		

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name: <u>Austria Electric</u>		Company Name: <u>Le Creuset</u>		<input type="checkbox"/> Same Day	
Street Address: <u>3 Buildersway</u>		Street Address: <u>Unit 5 Heron Park</u>		<input type="checkbox"/> Express	
<u>Buildersway centre no 7</u>		<u>Olive Grove Business Park.</u>		<input type="checkbox"/> With Sunrise Option	
<u>Hillcrest</u>		<u>The Interchange</u>		<input type="checkbox"/> With Saturday Service	
Suburb: <u>kzn.</u>		Suburb: <u>Somerset West.</u>		<input type="checkbox"/> Public Holiday Service	
City / Town: <u></u> Postal Code: <u>3610</u>		City / Town: <u></u> Postal Code: <u></u>		<input checked="" type="checkbox"/> Economy	
Contact: <u>M. Nunn.</u>		Contact: <u></u>		<input type="checkbox"/> After Hours	
Phone: <u>031-7658330</u>		Phone: <u></u>		<input type="checkbox"/> BLNS Customs Tariff	
Destination Country: <u>South Africa</u>		Destination Country: <u>Lesotho</u>		<input type="checkbox"/> Depot Hand In	
<u>Botswana</u>		<u>Namibia</u>		<input type="checkbox"/> Total Mass (Kg)	
<u>Swaziland</u>		<u>Other (Please Specify)</u>			
Sender's Reference: <u></u>		Analysis Code: <u></u>			
SPECIAL INSTRUCTIONS					
Bill Charges To Account No. <u>027766</u>		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>			
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 <u></u>			
Total Parcels <u>2</u>		NO. OF PARCELS PER DIMENSIONS <u>Box 63</u>		LENGTH (CM) <u>Marchall</u>	
				WIDTH (CM) <u></u>	
				HEIGHT (CM) <u></u>	
Goods received in full without damage (unless endorsed)			Received By UTI		
Name Of Receiver (PLEASE PRINT CLEARLY) <u>MARSHALL</u>			Name Of Courier (PLEASE PRINT CLEARLY) <u>S14A</u>		
Date Received: <u>14/1/16</u>			Date Received: <u>10/1/16</u>		
Time Received: <u>0812</u>			Time Received: <u>1600</u>		
Signature: <u>[Signature]</u>			Signature: <u>[Signature]</u>		

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