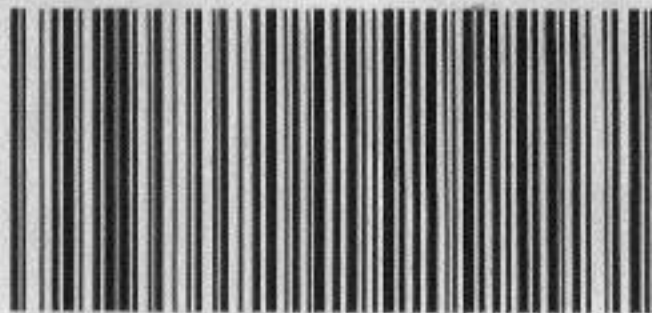


CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
Via UTI Distribution
PO Box 53, The Reeds 0081
Tel (012) 673 2000
Reg. No. 2004/015747/07
VAT Reg. No. 4263213873



SUBBD23602046

Sender's Details		Consignee's Details, Full Street Address Please				Mark Service Required	
Company Name LE CREUSET SHOP 312E		Company Name LE CREUSET NICOLWAY				<input type="checkbox"/> Same Day	
Street Address UPPER LEVEL		Street Address SHOP L21				<input type="checkbox"/> Express	
HEUWEL AVENUE		NICOLWAY SHOPPING CENTRE				<input type="checkbox"/> With Sunrise Option	
Suburb		WILLIAM NICOL DRIVE				<input type="checkbox"/> With Saturday Service	
City / Town PTA Postal Code 0046		City / Town BRYANSTON Postal Code 2191				<input type="checkbox"/> Public Holiday Service	
Contact SEVARIAN		Contact STEPHANIE				<input checked="" type="checkbox"/> Economy	
Phone 012 004 0217		Phone 011 706 2198				<input type="checkbox"/> After Hours	
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)				BLNS Customs Tariff	
Sender's Reference UTIO486932		Analysis Code				Depot Hand In	
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) <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							
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)	
1							
Goods received in full without damage (unless endorsed)				Received By UTI			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
PHINDILE				Esekele			
Date Received:				Date Received:			
27/10/16				25/10/16			
Time Received:				Time Received:			
1055				1509			
Signature				Signature			