

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 53, The Reads, 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4280213873



SUBBD21760605



Sender's Details

Company Name: **Klappers**
Street Address: **Wach Lagan**
Waterfront
Henry Street
Suburb: **Blenheim**
City/Town: **Blenheim** Postal Code: **9301**
Contact: **Elizabeth**
Phone: **051-4005500**

Consignee's Details. Full Street Address Please

Company Name: **Le Creuset**
Street Address: **Unit 5 Heron Park**
Oliver Group
Industrial East
Suburb: **Somerset West**
City/Town: **Somerset West** Postal Code: **1910**
Contact: **Helena**
Phone: **021-8517178**

Destination Country: ☒ South Africa ☐ Botswana ☐ Lesotho ☐ Namibia ☐ Swaziland ☐ Other (Please Specify)

Sender's Reference

SPECIAL INSTRUCTIONS

Bill Charges
To Account No.

Bill To ☐ Sender ☐ Consignee ☐ 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)

[Signature]
SENDER'S AUTHORISED SIGNATURE

28/11/16
DATE

e-mail / Fax / Proof of Delivery ☐ e-mail Address / Fax Number

Total Parcels

NO. OF PARCELS
PER DIMENSIONS

LENGTH (CM)

WIDTH (CM)

HEIGHT (CM)

1

MARSHALL MARSHALL 3/1/16

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)

MARSHALL

Date Received:

30/1/16

Time Received:

1050

Signature:

[Signature]

Received By UTI

Name Of Courier (PLEASE PRINT CLEARLY)

Glenwill

Date Received:

28/11/16

Time Received:

1545

Signature:

[Signature]

Total Mass (Kg)

