

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 83 The Reeds 0051
Tel (012) 673-2000
Reg. No. 2084/01575707
VAT Reg. No. 4280213873



SUBBD22896461

SUBHT09084862

| 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 SA Street Address Unit 15 Heron Park Old Bodelele Road Somerset West Somerset West Suburb City / Town Cape Town Postal Code Contact Lauren Phone 021 851 7178 | | | | <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"/> BLMS Customs Tariff <input type="checkbox"/> Depot Hand In | |
| Destination Country South Africa Sender's Reference UT 15079340 | | Analysis Code | | | | <input type="checkbox"/> BLMS Customs Tariff | |
| SPECIAL INSTRUCTIONS Bill Charges 027756 Bill To <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) * 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). | | | | | | | |
| Sender's Signature [Signature] DATE 28/12/10 | | SENDER'S AUTHORISED SIGNATURE [Signature] DATE 28/12/10 | | | | | |
| Total Parcels | | NO. OF PARCELS PER DIMENSIONS | | LENGTH (CM) | | WIDTH (CM) | |
| HEIGHT (CM) | | Total Mass (Kg) | | | | | |
| Received in full without damage (unless endorsed) Signature [Signature] Time Received 0840 | | | | Received By UTI Name Of Consignee [Signature] Time Received 1400 | | | |