

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD23817544

S	U	Z	5	T	8	0	3	0	4	7	1	7
S	U	Z	5	T	8	0	3	0	4	7	1	8

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET DBN		Company Name LE CREUSET CPT				<input type="checkbox"/> Same Day	
Street Address SHOP UL 262 PAVILION SHOPPING CENTER JACK MAARTENS DRIVE		Street Address UNIT 5 HERON PARK OLIVE GROVE OLD PAARDEVLEI ROAD				<input checked="" type="checkbox"/> Express <input checked="" type="checkbox"/>	
Suburb WESTVILLE		Suburb SOMERSET WEST				<input type="checkbox"/> With Sunrise Option	
City / Town DUR	Postal Code 4000	City / Town CAPE TOWN (CPT)	Postal Code 8000		<input type="checkbox"/> With Saturday Service		
Contact RASHREE / TRISINA		Contact VICKY				<input type="checkbox"/> Public Holiday Service	
Phone 031 265 8455		Phone 021 851 7178				<input type="checkbox"/> Economy	
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)						<input type="checkbox"/> After Hours	
Sender's Reference UTIO956730		Analysis Code				<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <input checked="" type="checkbox"/> 027766		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.			
<p>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).</p>							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		SENDER'S AUTHORIZED SIGNATURE		DATE 01/03/2018	
Total Parcels 3		NO. OF PARCELS PER DIMENSIONS 3 X FLYER		LENGTH (CM)		WIDTH (CM)	
				HEIGHT (CM)		Total Mass (Kg)	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) J. BENADIC				Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) Aaron			
Date Received: 020318		Time Received: 0948		Date Received: 010318		Time Received: 1605	
Signature:				Signature:			

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