

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



SUBBD24387476

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: DSV		Company Name: Le Creuset.				<input checked="" type="checkbox"/> Same Day	
Street Address: ADR		Street Address: Unit 5 Heron Park.				<input type="checkbox"/> Express	
Suburb:		Suburb:				<input type="checkbox"/> With Sunrise Option	
City / Town: Ad		City / Town: OPT				<input type="checkbox"/> With Saturday Service	
Postal Code:		Postal Code:				<input type="checkbox"/> Public Holiday Service	
Contact:		Contact: Liandre 021 851 7178				<input checked="" type="checkbox"/> Economy	
Phone:		Phone:				<input type="checkbox"/> After Hours	
Destination Country: South Africa		Lesotho		Namibia		Swaziland	
Other (Please Specify):		Other		Other		Other	
Sender's Reference:		Analysis Code:		Analysis Code:		Analysis Code:	
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To <input type="checkbox"/> Sender <input checked="" 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		SENDER'S AUTHORISED SIGNATURE		DATE	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
HEIGHT (CM)		Total Mass (Kg)					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) ER VINO				Received By UTi Name Of Courier (PLEASE PRINT CLEARLY) Ad			
Date Received:		Time Received:		Date Received:		Time Received:	
05 05 17		08 25		06 05 17		16	
Signature: [Signature]				Signature: [Signature]			

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