


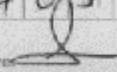

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
 17a UTI Distribution  
 PO Box 63 The Roads 0061  
 Tel (012) 673-2000  
 Reg. No. 2004/015747/07  
 VAT Reg. No. 4260213873



SUBBD23683325


Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name <b>Le Creuset [Centurion]</b>		Company Name <b>Le Creuset [Clearwater]</b>		<input type="checkbox"/> Same Day	
Street Address <b>Shop 312E Centurion Mall</b>		Street Address <b>Shop 4M30A</b>		<input type="checkbox"/> Express	
<b>Heurvel Avenue</b>		<b>Clearwater Mall</b>		<input type="checkbox"/> With Sunrise Option	
<b>Centurion</b>		<b>Christian De Wet Road.</b>		<input type="checkbox"/> With Saturday Service	
Suburb		Suburb		<input type="checkbox"/> Public Holiday Service	
City / Town <b>Pretoria</b>		City / Town <b>Johannesburg.</b>		<input checked="" type="checkbox"/> Economy <input checked="" type="checkbox"/>	
Postal Code <b>0157</b>		Postal Code <b>2001</b>		<input type="checkbox"/> After Hours	
Contact <b>Eureka</b>		Contact <b>Tsholo</b>		<input type="checkbox"/> BLNS	
Phone <b>012 004 0217</b>		Phone <b>011 475 1202</b>		<input type="checkbox"/> Customs	
Destination Country <input checked="" type="checkbox"/> South Africa <input type="checkbox"/> Botswana		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)		<input type="checkbox"/> Tariff	
Sender's Reference <b>U 1 1 2 2 8 9 8 0 7</b>		Analysis Code		<input type="checkbox"/> Depot Hand In	
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <b>027766</b> Bill To <input type="checkbox"/> Sender 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 AUTHORIZED SIGNATURE  DATE <b>03/05/2018</b>	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		Total Mass (Kg)	
<b>1</b>		<b>Box.</b>		<input type="text"/>	
LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
Goods received in full without damage (unless endorsed)			Received By UTI		
Name Of Receiver (PLEASE PRINT CLEARLY)			Name Of Courier (PLEASE PRINT CLEARLY)		
<b>A Y A N D A</b>			<b>2 A R 2 S</b>		
Date Received:			Date Received:		
<b>040518</b>			<b>030518</b>		
Time Received:			Time Received:		
<b>1409</b>			<b>1455</b>		
Signature 			Signature 		

POD COPY