

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Sun Couriers
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4280213873



SUBBD21321261

ADDITIONAL
TRACKING
NUMBERS

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name LE CREUSET Street Address SHOP 71 UPPER MARLBOROUGH PARK CORNER C/O JAN SMITS 96th AVENUE Suburb HYDE PARK City/Town JHB Postal Code 2196 Contact PATRICIA Phone 011 325 5606		Company Name LE CREUSET Street Address SHOP L339 SANDTON CITY SHOPPING CENTRE 5th AND KINODIA STREETS Suburb SANDTON City/Town JHB Postal Code 2096 Contact KARABO Phone 011 784 0301		<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	
Destination Country <input 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)		Analysis Code		<input type="checkbox"/> BLNS <input type="checkbox"/> Customs <input type="checkbox"/> Tariff	
Sender's Reference		Analysis Code		<input type="checkbox"/> Depot Hand In	
SPECIAL INSTRUCTIONS Bill Charges To Account No. <input type="checkbox"/> Bill To <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. 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 SUN COURIERS LIMITS ITS LIABILITY TO R 250.00 PER SHIPMENT. (SEE CLAUSE 12.5 OVERLEAF). IF YOU WISH UTI SUN COURIERS TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSES 12.5, 12.6 AND 12.7 OVERLEAF).					
SENDER'S AUTHORIZED SIGNATURE Thangie DATE 02/05/18					
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number					
Total Parcels 1		NO. OF PARCELS PER DIMENSIONS 1 BOX		LENGTH (CM) 101 WIDTH (CM) 101 HEIGHT (CM) 101 Total Mass (Kg) 1.6	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) KARABO Date Received: 03/05/18 Time Received: 10:12 Signature: [Signature]					
Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) Samuel Date Received: 03/05/18 Time Received: 16:00 Signature: [Signature]					

POD COPY

Version Control (01/07/11)