

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 63, The Reeds 0361
Tel: (012) 673 2000
Reg. No. 26044015747/07
VAT Reg. No. 4260215873



SUBBD23683324

only RTRN T 0421950 3

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name	Le Creuset	Company Name	Didi	Mark Service Required	<input checked="" type="checkbox"/> Same Day
Street Address	Shop 312F CENTURION Mall, Heuwel Avenue	Street Address	18 Lofts North Southdowns Estate John Vorster drive & Kamee Street	Express	<input type="checkbox"/>
Suburb	Centurion	Suburb	Centurion	With Sunrise Option	<input type="checkbox"/>
City / Town	Pretoria	City / Town	Pretoria	With Saturday Service	<input type="checkbox"/>
Contact	Eureka	Contact	Didi	Public Holiday Service	<input type="checkbox"/>
Phone	012 004 0217	Phone	063 405 2251	Economy	<input type="checkbox"/>
Destination Country	<input checked="" type="checkbox"/> South Africa <input type="checkbox"/> Botswana	Lesotho	<input type="checkbox"/>	After Hours	<input type="checkbox"/>
Sender's Reference	UT 2623757	Namibia	<input type="checkbox"/>	BLNS Customs Tariff	<input type="checkbox"/>
SPECIAL INSTRUCTIONS		Swaziland	<input type="checkbox"/>	Depot Hand In	<input type="checkbox"/>
Bill Charges To Account No.	027766	Other (Please Specify)			
Bill To	<input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)	Analysis Code			
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	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		DATE	
1		Box		26/04/2018	
LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
Goods received in full without damage (unless endorsed)					
Name Of Receiver (PLEASE PRINT CLEARLY)					
VUSIMUZI					
Date Received:					
300418					
Time Received:					
2018					
Signature: <i>[Signature]</i>					
Received By UTI					
Name Of Courier (PLEASE PRINT CLEARLY)					
DAN					
Date Received:					
260418					
Time Received:					
1500					
Signature: <i>[Signature]</i>					
Total Mass (Kg)					

Version Control (Doc 110)