

# CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
t/a UTI Distribution  
PO Box 63, The Reads 1061  
Tel: (012) 873 2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4260213873



SUBBD22731674


Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: <b>LE CREUSET -MALL OF AFR SHOP 2040</b>				Company Name: <b>Le Creuset Warehouse</b>				<input type="checkbox"/> Same Day	
Street Address: <b>CNR ALLENDALE ROAD &amp; BEN SCHOPMAN HIGHWAY</b>				Street Address: <b>Unit 5, Heron Park Olive Grove Industrial</b>				<input type="checkbox"/> Express	
Suburb: <b>WATERFALL ESTATE</b>				Suburb: <b>Imberseel West</b>				<input type="checkbox"/> With Sunrise Option	
City / Town: <b>MID</b>		Postal Code: <b>2056</b>		City / Town: <b>Cape Town</b>		Postal Code: <b></b>		<input type="checkbox"/> With Saturday Service	
Contact: <b>CASSANDRA</b>				Contact: <b>Franci</b>				<input type="checkbox"/> Public Holiday Service	
Phone: <b>011 568 2097</b>				Phone: <b>021 851 7178</b>				<input checked="" type="checkbox"/> Economy	
Destination Country: <b>South Africa</b>		<b>Botswana</b>		<b>Lesotho</b>		<b>Namibia</b>		<input type="checkbox"/> After Hours	
<b>Swaziland</b>		<b>Zimbabwe</b>		<b>Other</b>		<b>(Please Specify)</b>		<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference: <b>DAMAGES / REPLACE</b>				Analysis Code: <b></b>				<input type="checkbox"/> Depot Hand In	
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <b>027766</b> Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <b></b> 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 <b></b>					
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
<b>1</b>		<b>BOX</b>		<b></b>		<b></b>		<b></b>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>JOHANANES</b>					Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) <b>UTI</b>				
Date Received: <b>040716</b>					Date Received: <b>300816</b>				
Time Received: <b>1035</b>					Time Received: <b>1520</b>				
Signature: <b></b>					Signature: <b></b>				

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