

# CONTRACT FOR CARRIAGE / DISPATCH NOTE


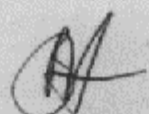



UTI South Africa (Pty) Ltd  
t/a UTI Distribution  
PO Box 63, The Reads 0061  
Tel (012) 673-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4280213873



SUBBD23817550

UTI 3424034

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required		
Company Name <b>LE CREUSET DBN</b>		Company Name <b>LE CREUSET CPT</b>					<input type="checkbox"/> Same Day		
Street Address <b>SHOP UL 262 PAVILION SHOPPING CENTER JACK MAARTENS DRIVE</b>		Street Address <b>UNIT 5 HERON PARK OLIVE GROVE OLD PAARDEVLEI ROAD</b>					<input type="checkbox"/> Express		
Suburb <b>WESTVILLE</b>		Suburb <b>SOMERSET WEST</b>					<input type="checkbox"/> With Sunrise Option		
City / Town <b>DUR</b> Postal Code <b>4000</b>		City / Town <b>CAPE TOWN (CPT)</b> Postal Code <b>8000</b>					<input type="checkbox"/> With Saturday Service		
Contact <b>TRICIA / RASHREE</b>		Contact <b>JENNA / FRANKI</b>					<input type="checkbox"/> Public Holiday Service		
Phone <b>031 265 8455</b>		Phone <b>021 851 7178</b>					<input checked="" type="checkbox"/> Economy		
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)					<input type="checkbox"/> After Hours		
Sender's Reference <b>REPLACEMENTS</b>		Analysis Code					<input type="checkbox"/> BLNS Customs Tariff		
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <b>027766</b> Bill To <input type="checkbox"/> Sender <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 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).									
SENDER'S AUTHORIZED SIGNATURE  DATE <b>29/06/18</b>									
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number									
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
<b>1</b>		<b>1 x BOX</b>							
Goods received in full without damage (unless endorsed)					Received By UTI				
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)				
<b>RASIL</b>					<b>AARON</b>				
Date Received:					Date Received:				
<b>29/06/18</b>					<b>29/06/18</b>				
Time Received:					Time Received:				
<b>0950</b>					<b>1630</b>				
Signature: 					Signature: 				

Total Mass (Kg)