

CONTRACT FOR CARRIAGE / DISPATCH NOTE


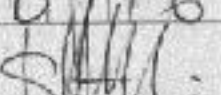



UT South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 63, The Reads 0061
Tel (012) 873 2800
Reg. No. 2004/015747/07
VAT Reg. No. 4280213873



SUBBD22475591



Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name: Avalon Technology Group		Company Name: Le Creuset		<input type="checkbox"/> Santa Day	
Street Address: Unit B, Floor 4, Tyger Chambers II, Willie van Schoor Ave		Street Address: Shop 71, Hyde Park Corner, Carfax Smuts & 6th ave.		<input type="checkbox"/> Express	
Suburb: Tyger Valley		Suburb: Hyde Park		<input type="checkbox"/> With Sunrise Option	
City/Town: CPT	Postal Code: 7560	City/Town: JHB	Postal Code: 2196	<input type="checkbox"/> With Saturday Service	
Contact: Emile	Phone: 0213001777	Contact: MITCHELL	Phone: 0113253606	<input type="checkbox"/> Public Holiday Service	
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"/> Economy	
Sender's Reference		Analysis Code		<input type="checkbox"/> After Hours	
SPECIAL INSTRUCTIONS Bill Charges To Account No: 027766 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).					
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE  DATE 28/07/2016	
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): MUNAKA Date Received: 29/07/16 Time Received: 1223 Signature: 					
Received By UTI Name Of Courier (PLEASE PRINT CLEARLY): ALISTAIR Date Received: 28/07/16 Time Received: 1440 Signature: 					
Total Mass (Kg)					