

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD22731810

Sender's Details

Company Name **LE CREUSET -MALL OF AFR SHOP 2040**
Street Address **CNR ALLENDALE ROAD & BEN SCHOEMAN HIGHWAY**
Suburb **WATERFALL ESTATE**
City / Town **MID** Postal Code **2066**
Contact **CASSANDRA**
Phone **011 568 2097**

Consignee's Details. Full Street Address Please

Company Name **LE CREUSET**
Street Address **UNIT 5- HERON PARK OLIVE GROVE IND. ESTATE**
Suburb **SOMERSET WEST**
City / Town **SOMERSET WEST (SSN)** Postal Code **7130**
Contact **LISA**
Phone **021 851 7178**

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS
Customs
Tariff

Depot Hand In

Destination Country ☒ South Africa ☐ Botswana ☐ Lesotho ☐ Namibia ☐ Swaziland ☐ Other (Please Specify)

Sender's Reference **TSHIDI** Analysis Code

SPECIAL INSTRUCTIONS

Bill Charges To Account No. **027766** Bill To ☒ Sender ☐ Consignee ☐ Other (Name Please)

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 AUTHORISED SIGNATURE

DATE

Total Mass (Kg)

e-mail / Fax / Proof of Delivery ☐ e-mail Address / Fax Number

Total Parcels

NO. OF PARCELS
PER DIMENSIONS

LENGTH (CM)

WIDTH (CM)

HEIGHT (CM)

1

flyer

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)

LISA

Date Received:

14/08/18

Time Received:

12:19

Signature:

Lisa Beer

Received By UTI

Name Of Courier (PLEASE PRINT CLEARLY)

Matthew

Date Received:

14/08/18

Time Received:

12:19

Signature:

[Signature]

POD COPY