


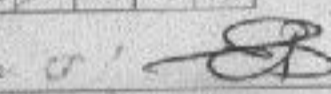
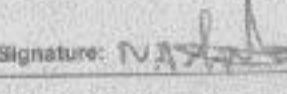
# CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
t/a UTI Distribution  
PO Box 53, The Roads 0081  
Tel (012) 673-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4260213873



SUBBD23512968


Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: <b>Le Creuset Baywest</b>		Company Name: <b>Le Creuset Warehouse</b>				<input type="checkbox"/> Same Day	
Street Address: <b>Shop 6443 Baywest Mall, N2</b>		Street Address: <b>Unit 5 Heron Park Drive Grove business Park, Old Paardekraal Rd</b>				<input checked="" type="checkbox"/> Express	
Suburb: <b>Walker drive ext</b>		Suburb: <b>Somerset west</b>				<input type="checkbox"/> With Sunrise Option	
City/Town: <b>Port Elizabeth</b> Postal Code: <b>6020</b>		City/Town: <b>CPT</b> Postal Code: <b>7120</b>				<input type="checkbox"/> With Saturday Service	
Contact: <b>Lene / Call</b>		Contact: <b>HR: LISA</b>				<input type="checkbox"/> Public Holiday Service	
Phone: <b>041 004 0811</b>		Phone: <b>021 851 7178</b>				<input 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: <input type="checkbox"/>		Analysis Code: <input type="checkbox"/>				<input type="checkbox"/> BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <input type="checkbox"/>		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 AUTHORIZED SIGNATURE  DATE <b>22/09/16</b>			
Total Parcels <input type="checkbox"/>		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
<b>1</b>		<b>1</b>		<b>36</b>		<b>24</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>ELVINGO, R</b>				<b>MTSIKALELO</b>			
Date Received:				Date Received:			
<b>23/09/16</b>				<b>22/09/16</b>			
Time Received:				Time Received:			
<b>0855</b>				<b>1405</b>			
Signature: 				Signature: 			

POD COPY

Version Control (08/07/10)