

CONTRACT FOR CARRIAGE / DISPATCH NOTE


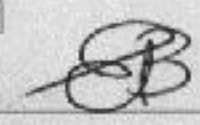


UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 83, The Meadows 0081
Tel (012) 873-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4280213873



SUBBD22614382



Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name	ADAMS DISCOUNT CENTRE	Company Name	LE CREUSSET SH	<input type="checkbox"/> Same Day	
Street Address	A14. PALMS VALUE CENTRE BOKSBURG NORTHEAST ROAD	Street Address	UNIT 5 HERON PARK X3 OLIVE GROVE BUSINESS PARK	<input type="checkbox"/> Express	
Suburb	BOKSBURG	Suburb	Somerset West	<input type="checkbox"/> With Sunrise Option	
City / Town	JHB	City / Town	CAPTOWN	<input type="checkbox"/> With Saturday Service	
Postal Code	1454	Postal Code		<input type="checkbox"/> Public Holiday Service	
Contact	JYDOR	Contact		<input checked="" type="checkbox"/> Economy <input checked="" type="checkbox"/>	
Phone	011 844 6315	Phone		<input type="checkbox"/> After Hours	
Destination Country	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"/> BLNS Customs Tariff	
Sender's Reference		Analysis Code		<input type="checkbox"/> Depot Hand In	
SPECIAL INSTRUCTIONS Bill Charges <input type="checkbox"/> 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 AUTHORISED SIGNATURE  DATE 22/11/2016	
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)
1					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) ELVINNO			Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) DANIEL		
Date Received: 280916		Time Received: 0920		Date Received: 280916 Time Received: 1400	
Signatures: 			Signature: 