



UT
Distribution



ADDITIONAL
TRACKING
NUMBERS

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: KLOPPERS P.C. Street Address: 17TH QUARTER Suburb: SHOP 01 17TH AVENUE WALMER City/Town: PORT ELIZABETH Contact: HERMAN Phone: 071 394 2900		Company Name: LE CAEUSET. HEAD OFFICE Street Address: UNIT 5, HERON PARK OLIVE GROVE INDUSTRIAL ESTATE Suburb: OLD PAARDEVELEI RD City/Town: SOMERSET WEST Contact: HELENA Phone: 021 851 7178				<input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours	
Destination Country: South Africa Postal Code: 6001		Postal Code: 7800 Analysis Code:				<input type="checkbox"/> BLNS <input type="checkbox"/> Customs <input type="checkbox"/> Tariff	
Sender's Reference: UT19341186		Special Instructions:				<input type="checkbox"/> Depot Hand In	
Bill Charges To Account No.:		Bill To: <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)				<input type="checkbox"/> BLNS <input type="checkbox"/> Customs <input type="checkbox"/> Tariff	
<p>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)</p>							
e-mail / Fax / Proof of Delivery: <input type="checkbox"/>		e-mail Address / Fax Number:					
Total Parcels: 1		NO. OF PARCELS PER DIMENSIONS:		LENGTH (CM):		WIDTH (CM):	
HEIGHT (CM):		Total Mass (Kg):					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): MARCCHALL				Received By UTI Name Of Courier (PLEASE PRINT CLEARLY): Vuyi			
Date Received: 26/08/16				Date Received: 26/08/16			
Time Received: 14:10				Time Received: 14:16			
Signature:				Signature:			