



**UTI**  
Distribution

UTI South Africa (Pty) Ltd  
t/a UTI Distribution  
PO Box 83, The Reeds 2061  
Tel (012) 673-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4260213873



SUBBD22751176

SUBSTIT 09295254

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name: <b>Avahan Technology Group</b>		Company Name: <b>Le Creuset Moulins Maine</b>		<div style="border: 1px solid black; padding: 2px; text-align: center;">Same Day</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Express</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">With Sunrise Option</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">With Saturday Service</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Public Holiday Service</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Economy</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">After Hours</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">BLMS Customs Tariff</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Depot Hand In</div>	
Street Address: <b>Unit 13, Floor 4, Tyger Valley Chambers II, Willem van Schoor Ave</b>		Street Address: <b>Shop 12, Moulins Maine, Januarg Masikela Drive &amp; Armchair</b>			
Suburb: <b>Tyger Valley</b>		Suburb: <b>Waterkloof (ext 2)</b>			
City/Town: <b>CPT</b> Postal Code: <b>7530</b>		City/Town: <b>PTA</b> Postal Code: <b>7530</b>			
Contact: <b>Gnoli</b>		Contact: <b>Yolanda</b>		<div style="border: 1px solid black; padding: 2px; text-align: center;">Total Mass (Kg)</div>	
Phone: <b>021 300 1777</b>		Phone: <b>081 347 4477</b>			
Destination Country: <b>South Africa</b>					
Sender's Reference: <b>027766</b>					
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No: <b>027766</b> Bill To: <b>Sender</b>					
<p><small>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).</small></p>					
e-mail / Fax / Proof of Delivery: <input type="checkbox"/>		e-mail Address / Fax Number: <b>021 300 1777</b>		<div style="border: 1px solid black; padding: 2px; text-align: center;">Total Mass (Kg)</div>	
<b>Total Parcels</b> <div style="border: 1px solid black; width: 50px; height: 50px; display: flex; align-items: center; justify-content: center; font-size: 2em;">2</div>		<b>NO. OF PARCELS PER DIMENSIONS</b> LENGTH (CM): <b>12</b> WIDTH (CM): <b>12</b> HEIGHT (CM): <b>12</b>			
<b>Goods received in full without damage (unless endorsed)</b> Name Of Receiver (PLEASE PRINT CLEARLY): <b>Toni</b>		<b>Received By UTI</b> Name Of Courier (PLEASE PRINT CLEARLY): <b>AL Steyn</b>			
Date Received: <b>190916</b>		Date Received: <b>130916</b>		Time Received: <b>1510</b>	
Signature: <b>[Signature]</b>		Signature: <b>[Signature]</b>			