

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
t/a UTI Distribution  
PO Box 83 The Meads 0091  
Tel (012) 673 2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4280213873



SUBBD23025027


Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: <b>PVT</b>		Company Name: <b>LE CREUSET</b>				<input type="checkbox"/> Same Day	
Street Address: <b>11A ERSANT RD</b>		Street Address: <b>SHOP NUMBER</b>				<input type="checkbox"/> Express	
<b>BOSKRUIJ</b>		<b>ON 030A - VIA ENTRANCE 9</b>				<input type="checkbox"/> With Sunrise Option	
Suburb:		<b>CLEARWATER HALL</b>				<input type="checkbox"/> With Saturday Service	
City / Town: <b>JNB</b>		City / Town: <b>RODE POORT</b>				<input type="checkbox"/> Public Holiday Service	
Postal Code:		Postal Code:				<input checked="" type="checkbox"/> Economy	
Contact: <b>ANNIE</b>		Contact:				<input type="checkbox"/> After Hours	
Phone: <b>082 445 6174</b>		Phone: <b>011 475 1202</b>				<input type="checkbox"/> BLNS Customs Tariff	
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"/> Depot Hand In	
Sender's Reference: <b>WT 194321121</b>		Analysis Code:					
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No: <b>0027766</b> 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		<b>SENDER'S AUTHORISED SIGNATURE</b> 		<b>DATE</b> <b>30 AUG 2016</b>	
<b>Total Parcels</b> 		<b>NO. OF PARCELS PER DIMENSIONS</b> 		<b>LENGTH (CM)</b> 		<b>WIDTH (CM)</b> 	
						<b>HEIGHT (CM)</b> 	
<b>Goods received in full without damage (unless endorsed)</b> Name Of Receiver (PLEASE PRINT CLEARLY) <b>S P H E</b>				<b>Received By UTI</b> Name Of Courier (PLEASE PRINT CLEARLY) <b>Emmanuel</b>			
Date Received:		Time Received:		Date Rec:		Time Received:	
<b>310816</b>		<b>1029</b>		<b>30/08/16</b>		<b>1415</b>	
Signature:				Signature:			