

# CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
t/a UTI Distribution  
PO Box 83, The Reeds 0051  
Tel: (012) 873-2000  
Reg. No. 2004/01574707  
VAT Reg. No. 4260213873



SUBBD23974959


Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name <u>Pina Schanlen</u>		Company Name <u>Le Creuset Att: Mary</u>		<input type="checkbox"/> Same Day	
Street Address <u>10 Macubata str</u>		Street Address <u>Unit 5 Heron Park</u>		<input type="checkbox"/> Express	
<u>Tzaneen</u>		<u>Olive Grove Industrial</u>		<input type="checkbox"/> With Sunrise Option	
		<u>Somerset West</u>		<input type="checkbox"/> With Saturday Service	
Suburb		Suburb		<input type="checkbox"/> Public Holiday Service	
City/Town <u>Tzaneen</u> Postal Code <u>0850</u>		City/Town <u>Somerset West</u> Postal Code <u>7130</u>		<input checked="" type="checkbox"/> Economy	
Contact <u>Pina 083 258 4934</u>		Contact <u>Mary</u>		<input type="checkbox"/> After Hours	
Phone <u>015 - 307 1054</u>		Phone <u>021 251 7178</u>		<input type="checkbox"/> BLMS 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		Analysis Code		<input type="checkbox"/> Total Mass (Kg)	
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <u>027877</u> Bill To <input type="checkbox"/> Sender Consignee <input checked="" 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 12.5.12.8 AND 12.7 OVERLEAF).					
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE <u>PSol</u> DATE <u>9.9.2016</u>	
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	<input type="checkbox"/> 2
<u>1</u>	<u>1</u>	<u>35</u>	<u>25</u>	<u>35</u>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>MARK CHALL</u>			Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) <u>Roekele</u>		
Date Received: <u>120916</u>		Time Received: <u>1650</u>		Date Received: <u>090916</u> Time Received: <u>1510</u>	
Signature: <u>[Signature]</u>			Signature: <u>[Signature]</u>		

Version Control: 05/2015