



UTL
Distribution

A black and white photograph showing a dense, vertical, wavy pattern. The pattern consists of numerous thin, vertical lines of varying thickness and spacing, creating a textured, almost fabric-like appearance. The lines are slightly curved and wavy, giving the overall image a sense of movement and depth. The background is a light, mottled gray, which contrasts with the dark, textured pattern.

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Division Control (D&C) 2013

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET NICOLWAY WILLIAM NICOL DR				Company Name LE CREUSET				<input type="checkbox"/> Same Day	
Street Address WILLIAM NICOL SHOPPING CENTR				Street Address Unit 5 Horon Brk Olive grove Industrial Estate Old poordeulei Road				<input checked="" type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option	
Suburb BRYANSTON				Suburb SOMERSETH WEST				<input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service	
City / Town JNB		Postal Code 2021		City / Town Cape Town		Postal Code		<input type="checkbox"/> Economy	
Contact STEPHANIE				Contact Liso				<input type="checkbox"/> After Hours	
Phone 011 706 2198				Phone 021 851 7178				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country		South Africa		Lesotho		Namibia		<input type="checkbox"/> Other (Please Specify)	
Sender's Reference UTI9528824				Analysis Code				<input type="checkbox"/>	
SPECIAL INSTRUCTIONS									
Bill Charges To Account No.		027766		Bill To Sender <input checked="" 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 12.4 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					
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
01		MARCHALL							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) MARK CHALL					Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) [Signature]				
Date Received: 060916		Time Received: 0915			Date Received: 050916		Time Received: 1530		
Signature: [Signature]					Signature: [Signature]				

POD COPY