

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
t/a UTI Distribution  
PO Box 63, The Reeds 0051  
Tel (012) 673-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4260213873



SUBBD22731812


<b>Sender's Details</b> Company Name: <u>LE CREUSET -MALL OF AFR SHOP 2040</u> Street Address: <u>CNR ALLENDALE ROAD &amp; BEN SCHEEMAN HIGHWAY</u> Suburb: <u>WATERFALL ESTATE</u> City / Town: <u>MID</u> Postal Code: <u>2066</u> Contact: <u>CASSANDRA</u> Phone: <u>011 568 2097</u>		<b>Consignee's Details. Full Street Address Please</b> Company Name: <u>LE CREUSET UNIT 5- HERON PARK</u> Street Address: <u>OLIVE GROVE IND. ESTATE</u> <u>OLD PAARDEVELEI ROAD</u> Suburb: <u>SOMERSET WEST</u> City / Town: <u>SOMERSET WEST (SSW)</u> Postal Code: <u>7130</u> Contact: <u>MITCHELL VAN ZYL</u> Phone: <u>021 851 7178</u>		Mark Service Required <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 type="checkbox"/> Economy <input type="checkbox"/> After Hours BLNS Customs Tariff <input type="checkbox"/> Depot Hand In	
Destination Country: <input checked="" 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)		Sender's Reference: <u>UT11707425</u> Analysis Code:			
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <u>027765</u> Bill To: <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)					
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		SENDER'S AUTHORISED SIGNATURE: <u>[Signature]</u> DATE: <u>03/04/18</u>			
Total Parcels: <u>1</u>	NO. OF PARCELS PER DIMENSIONS: <u>1</u>	LENGTH (CM): <u>115</u>	WIDTH (CM): <u>115</u>	HEIGHT (CM): <u>115</u>	Total Mass (Kg)
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>Elvino</u> Date Received: <u>050418</u> Time Received: <u>0935</u> Signature: <u>[Signature]</u>		Received By UTI Name Of Courier (PLEASE PRINT CLEARLY): <u>Mph</u> Date Received: <u>030418</u> Time Received: <u>1530</u> Signature: <u>[Signature]</u>			

POD COPY

Version Control (05/2010)