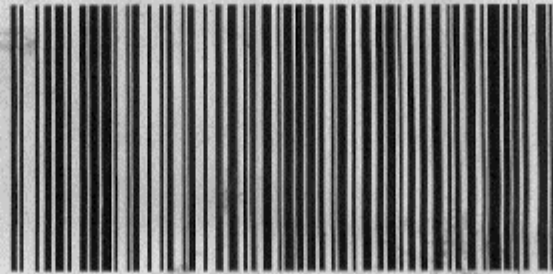


CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD22731822

Sender's Details Company Name: LE CHEUSET - MALL OF AFR SHOP 2040 Street Address: CNR ALLENDALE ROAD & BEN SCROEMAN HIGHWAY Suburb: WATERFALL ESTATE City/Town: MID Postal Code: 2056 Contact: CASSANDRA 558 2097 Phone: 558 2097		Consignee's Details. Full Street Address Please Company Name: LE CHEUSET UNIT 5- HERON PARK Street Address: OLIVE GROVE IND. ESTATE OLD PAARDEVLEI ROAD Suburb: SOMERSET WEST City/Town: SOMERSET WEST (SS) Postal Code: 7130 Contact: MITCHELL WINTAL STEWART Phone: 021 851 7178		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: South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)		Sender's Reference: Analysis Code:		
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To: <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) 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		SENDER'S AUTHORISED SIGNATURE DATE		
Total Parcels: 1 NO. OF PARCELS PER DIMENSIONS: BOX LENGTH (CM): WIDTH (CM): HEIGHT (CM):	Total Mass (Kg)			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): ELVINNO Date Received: 12/02/18 Time Received: 1340 Signature:		Received By UTI Name Of Courier (PLEASE PRINT CLEARLY): MASHOMO Date Received: 07/02/18 Time Received: 7405 Signature:		

POD COPY

Version Control (03.2010)