

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



SUBBD23326259

ADDITIONAL					
TRACKING					
NUMBERS					

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name LE CREUSET KILLARNEY SHOP 100 KILLARNEY MALL		Company Name Le Creuset Head Office	
Street Address 60 RIVIERA ROAD		Street Address Unit 5 Heron park	
Suburb KILLARNEY		Suburb Old paardevlei Road	
City / Town JNB	Postal Code 2193	City / Town Cape town	Postal Code
Contact CASSANDRA		Contact Lauren	
Phone 011 646 6316		Phone 021 852 7944	

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS Customs Tariff

Destination Country: South Africa, Botswana, Lesotho, Namibia, Swaziland, Other

Sender's Reference: **UT1 9643929**

SPECIAL INSTRUCTIONS

Bill Charges To Account No: **027766**

Bill To: Sender, Consignee, 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).

SENDER'S AUTHORIZED SIGNATURE: *[Signature]* DATE: **01-02-2018**

Total Parcels: e-mail / Fax / Proof of Delivery, e-mail Address / Fax Number

NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY): **Madame**

Date Received: **03/01/18**

Time Received: **10:50**

Signature: *[Signature]*

Received By UTI

Name Of Courier (PLEASE PRINT CLEARLY): **KABU**

Date Received: **02/01/18**

Time Received: **17:50**

Signature: *[Signature]*

POD COPY