

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
 1/4 UTI Distribution  
 PO Box 63, The Rands 0061  
 Tel (012) 673-2000  
 Reg. No. 2004/015747/07  
 VAT Reg. No. 4260213873



SUBBD23326261

SUB  
 SUBHT06244915

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name <b>LE CREUSET KILLARNEY SHOP 100 KILLARNEY MALL</b>		Company Name <b>Le Creuset Hyde Park</b>				<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 <input type="checkbox"/> BLNS Customs Tariff <input type="checkbox"/> Depot Hand In
Street Address <b>60 RIVIERA ROAD</b>		Street Address <b>Shop 71 upper mall Hyde Park Jan Smuts Avenue</b>				
Suburb <b>KILLARNEY</b>		Suburb <b>Hyde Park Corner</b>				
City/Town <b>JNB</b>	Postal Code <b>2193</b>	City/Town <b>Johannesburg</b>	Postal Code			
Contact <b>CASSANDRA</b>		Contact <b>PATRICIA</b>				
Phone <b>011 646 6316</b>		Phone <b>011 325 5606</b>				
Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference <b>UT119655636</b>		Analysis Code				

**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).

**POP** **03/01/2018**

**SENDER'S AUTHORISED SIGNATURE** **DATE**

a-mail / Fax / Proof of Delivery  e-mail Address / Fax Number **2**

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<b>2</b>				

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY) **REFILWE**

Date Received: **040118** Time Received: **1007**

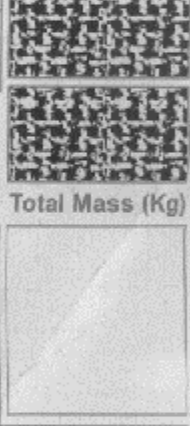
Signature: *[Signature]*

Received By UTI

Name Of Courier (PLEASE PRINT CLEARLY) **JOL**

Date Received: **040118** Time Received: **1413**

Signature: *[Signature]*



PROD COPY

Version: Current (06/2010)