

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



SUBBD23326265

ATT: FRANCIS


<b>Sender's Details</b> Company Name: <b>LE CREUSET KILLARNEY SHOP 100 KILLARNEY MALL</b> Street Address: <b>60 RIVIERA ROAD</b> Suburb: <b>KILLARNEY</b> City/Town: <b>JNB</b> Postal Code: <b>2193</b> Contact: <b>CASSANDRA</b> Phone: <b>011 646 6316</b>		<b>Consignee's Details. Full Street Address Please</b> Company Name: <b>Le creuset SA</b> Street Address: <b>Unit 5 Hebn Park Olivegrove Business Park Old Paardevlei Road Somerset west</b> Suburb: <b>SOMERSET WEST</b> City/Town: <b>Cape town</b> Postal Code: <b>7130</b> Contact: <b>HARCO</b> Phone: <b>021 851 7178</b>		<b>Mark Service Required</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 checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours <input type="checkbox"/> BLNS Customs Tariff <input type="checkbox"/> Depot Hand In
Destination Country: <b>South Africa</b>		Analysis Code:		
Sender's Reference: <b>UT10160438</b>		Analysis Code:		
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No.: <b>027756</b> 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 AUTHORIZED SIGNATURE: <b>Cassandra</b> DATE: <b>26.01.2018</b>		
<b>Total Parcels</b>	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	
<b>1</b>	<b>1 Box</b>			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <b>ELVINS</b>		Received By UTI Name Of Courier (PLEASE PRINT CLEARLY): <b>NGOGO</b>		
Date Received: <b>290118</b>		Date Received: <b>260118</b>		
Time Received: <b>0940</b>		Time Received: <b>1306</b>		
Signature:		Signature:		

POD COPY

Version Control (06/2010)