

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
 Via UTI Distribution
 PO Box 63, The Reeds 0061
 Tel (012) 673-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4280213873



SUBBD23326266

ATT: FRANGI

ADDITIONAL					
TRACKING					
NUMBERS					

Sender's Details Company Name: LE CREUSET KILLARNEY SHOP 100 KILLARNEY MALL Street Address: 60 RIVIERA ROAD Suburb: KILLARNEY City/Town: JNB Postal Code: 2193 Contact: CASSANDRA Phone: 011 646 6316		Consignee's Details. Full Street Address Please Company Name: LE CREUSET SA Street Address: Unit 5, Helon Park Olive grove, industrial Estate Old Paardevlei Rd Suburb: Somerset west City/Town: Cape town Postal Code: 7130 Contact: FRANGI 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 <input type="checkbox"/> BLNS Customs Tariff <input type="checkbox"/> Depot Hand In	
Destination Country: South Africa <input checked="" type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)		Sender's Reference: UT10734661 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 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: Zibezana DATE: 30.01.2018			
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1		1 Box			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): ELVINO			Received By UTI Name Of Courier (PLEASE PRINT CLEARLY): 502		
Date Received: 010218		Time Received: 0940		Date Received: 300118	
Signature:		Signature:			

Total Mass (Kg)

Version Control: 05/2011a