

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
 t/a UTI Distribution  
 PO Box 63, The Reads 0061  
 Tel (012) 673-2000  
 Reg. No. 2904/015747/07  
 VAT Reg. No. 4260213873



SUBBD23326267

Att: LIBA

ADDITIONAL					
TRACKING					
NUMBERS					

<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, Hebron Park Olive grove, Industrial Estate Old Randersley Rd</b> Suburb: <b>Somerset west</b> City/Town: <b>CAPE TOWN</b> Postal Code: <b>7130</b> Contact: <b>LIBA</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: 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: <b>UT10234661</b> Analysis Code:		SPECIAL INSTRUCTIONS			
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 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>Zubana</b>		DATE: <b>30.01.2018</b>			
Total Parcels: <b>1</b>		NO. OF PARCELS PER DIMENSIONS: <b>1 FLYER</b>		LENGTH (CM): <b>1</b> WIDTH (CM): <b>1</b> HEIGHT (CM): <b>1</b>			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <b>EIVINO</b>			Received By UTI Name Of Courier (PLEASE PRINT CLEARLY): <b>SOK</b>				
Date Received: <b>010218</b>		Time Received: <b>0940</b>		Date Received: <b>300118</b>			
Signature:		Signature:					

POD COPY

Version Control: 06/2018