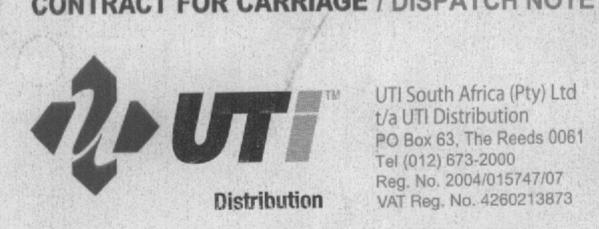
CONTRACT FOR CARRIAGE / DISPATCH NOTE





	SUBBD23326272	
A de Detello	Consignee's Details. Full Street Address Please	Mark Service Required
Sender's Details	10 PROPERTY SH	Same Day
Company Name LE CREUSET KILLARNEY	Company Name 1 6 UP DON POS UF	Express
Street Address	Street Address UNI Street Address UNI CONTO	With Sunrise Option
60 RIVIERA ROAD	alle de la	With Saturday Service
	all all to ever peur	Public Holiday Service
Suburb KILL ARNEY	Suburb Steller Set Wast	Economy
City / Town JNB Postal Code 2193	City / Town Coll Ollie Postal Code. The Doctor	After Hours
Contact CASSANDRA Phone. 011 646 6316	Phone 0018574148 (Please Specify)	BLNS Customs Tariff
Destination Country South Africa Botswana	Lesotho Namibia Swaziland Other	
Sender's Reference	Analysis Code	Depot Hand In
SPECIAL INSTRUCTIONS		
Bill Charges To Account No. D27756 Bill To Sender	Consignee Other (Name Please)	
IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL RECOMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPED 12.14 OVERLEAF). GOODS ARE SHIPPED AT OWNER'S RISK, SUBJECTION CARRIAGE OVERLEAF. UTI DISTRIBUTION LIMITS ITS LIABILITY PER SHIPMENT. (SEE CLAUSE 12.5 OVERLEAF). IF YOU WISH UTO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPPED ACCEPT A HIGHER LIABILITY. THE VALUE OF THIS SHIPPED ACCEPT A HIGHER LIABILITY. THE VALUE OF THIS SHIPPED ACCEPT A HIGHER LIABILITY. THE VALUE OF THIS SHIPPED ACCEPT A HIGHER LIABILITY. THE VALUE OF THIS SHIPPED ACCEPT A HIGHER LIABILITY. THE VALUE OF THIS SHIPPED ACCEPT A HIGHER LIABILITY. THE VALUE OF THIS SHIPPED ACCEPT A HIGHER LIABILITY. THE VALUE OF THIS SHIPPED ACCEPT.	CT TO CONTRACT LITY TO R 250.00 UTI DISTRIBUTION DATE SENDER'S AUTHORISED SIGNATURE DATE	Total Mass (
e-mail / Fax / Proof of Delivery e-mail Address / Fax Num		
Total Parcels No. OF PARCELS PER DIMENSIONS	LENGTH (CM) WIDTH (CM) HEIGHT(CM)	
Goods received in full without damage (unless of	endorsed) Received By UTi	
Name Of Receiver (PLEASE PRINT CLEARLY)	MUOCO	Time Received:

Signature: