

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
 t/a UTI Distribution
 PO Box 53, The Reeds 0061
 Tel (012) 675-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4260213373



SUBBD23326274

ADDITIONAL					
TRACKING					
NUMBERS					

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET KILLARNEY SHOP 100 KILLARNEY MALL		Company Name Le creuset Rosebank				<input type="checkbox"/> Same Day	
Street Address 60 RIVIERA ROAD		Street Address Shop 202A Rosebank Mall				<input type="checkbox"/> Express	
Suburb KILLARNEY		Suburb Rosebank				<input type="checkbox"/> With Sunrise Option	
City/Town JNB	Postal Code 2193	City/Town JNB	Postal Code 2126	<input type="checkbox"/> With Saturday Service		<input type="checkbox"/> Public Holiday Service	
Contact CASSANDRA		Contact Rosebank team				<input type="checkbox"/> Economy	
Phone 011 646 6316		Phone 011 568 4743				<input type="checkbox"/> After Hours	
Destination Country	South Africa <input checked="" type="checkbox"/>	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)	<input type="checkbox"/> BLNS Customs Tariff
Sender's Reference		Analysis Code		Depot Hand In			
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027756	<input type="checkbox"/> Bill To Sender	<input checked="" 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			
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)	
1							
Goods received in full without damage (unless endorsed)				Received By UTI			
Name Of Receiver (PLEASE PRINT CLEARLY) Ellen				Name Of Courier (PLEASE PRINT CLEARLY) JSC			
Date Received: 020218		Time Received: 1218		Date Received: 060218		Time Received: 15:01	
Signature:				Signature:			

PROD COPY

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