

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
 1/8 UTI Distribution
 PO Box 63, The Reeds 0061
 Tel (012) 673-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4260219873



SUBBD23326276 10-56

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 Headoffice Street Address: Unit 5 Heron park Olive Grove Business park old paardevlie Road Somerset west Suburb: Somerset west City / Town: Cape Town Postal Code: 7701 Contact: Online Store 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 checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours BLNS Customs Tariff <input type="checkbox"/> Depot Hand In		
Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference: UT19847912		Analysis Code				
SPECIAL INSTRUCTIONS Bill Charges To Account No: 027756 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				
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)	
	13		12.35			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): ERVINE				Received By UTI Name Of Courier (PLEASE PRINT CLEARLY): NGODD		
Date Received: 15/01/18		Time Received: 09:50		Date Received: 10/20/18		Time Received: 14:30
Signature:		Signature:				

POD COPY

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