

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
 t/a UTI Distribution
 PO Box 53, The Reeds 0001
 Tel (012) 673-2000
 Reg. No. 2004/01574/07
 VAT Reg. No. 4260213873



SUBBD23326397

Sender's Details		Consignee's Details. Full Street Address Please				
Company Name LE CREUSET KILLARNEY SHOP 100 KILLARNEY MALL		Company Name Le Creuset				
Street Address 60 RIVIERA ROAD		Street Address Shop 4M30A Clearwater Mall Christian De Wet Road				
Suburb KILLARNEY		Suburb Clearwater				
City / Town JNB Postal Code 2193		City / Town Johannesburg Postal Code 2001				
Contact CASSANDRA Phone 011 646 6316		Contact USA Phone				
Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference		Analysis Code				

Mark Service Required
Same Day
Express
With Surian Option
With Saturday Service
Public Holiday Service
Economy
After Hours
BLNS Customs Tariff
Depot Hand In

SPECIAL INSTRUCTIONS

Bill Charges To Account No **027756** Bill To Sender Consignee 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 12.6, 12.6 AND 12.7 OVERLEAF).

SENDER'S AUTHORIZED SIGNATURE *[Signature]* **DATE** **29.12.2017**

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)

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)
A Y A N D A

Date Received: **020118** Time Received: **0902**

Signature: *[Signature]*

Received By UTI

Name Of Courier (PLEASE PRINT CLEARLY)
ICABE

Date Received: **29.12.17** Time Received: **1508**

Signature: *[Signature]*

Total Mass (Kg)

POD COPY

Version Control (05/2010)