CONTRACT FOR CARRIAGE / DISPATCH NOTE

UTI Distribution

UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873

SUBBD23371138

ADDITIONAL TRACKING NUMBERS

Sender's Details	Consignee's Details. Full Street Address Please
Company Name: Le creuset	Company Name: Le Creuset
Street Address: Shop 11 upper mall, cnr Jan Smuts	Street Address: Unit 5 Neon Park Old Paardevlei Rd Industrial Estate
Suburb: Hyde Park	Suburb: Somerset West
City / Town: JHB	City / Town: Cape town Postal Code: 7129
Postal Code:	Contact: 021-851-7178
Contact: Patricia	Phone: Vicky
Phone: (011) 325-5606	

Destination Country: South Africa | Botswana | Lesotho | Namibia | Swaziland | Other (Please Specify)

Sender's Reference: | Analysis Code:

SPECIAL INSTRUCTIONS

Bill Charges To Account No. | 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 12.5,12.6 AND 12.7 OVERLEAF).

SENDER'S AUTHORISED SIGNATURE: | DATE: 26/05/18

e-mail / Fax / Proof of Delivery | e-mail Address / Fax Number

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

Total Mass (Kg)

Total Parcels: 1

NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT(CM)
1	Flyer		

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY): C BROWN

Date Received: 170518 | Time Received: 0845

Signature:

Received By UTi

Name Of Courier (PLEASE PRINT CLEARLY): DAVID UTI

Date Received: 160518 | Time Received: 1600

Signature:

POD COPY