

CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD23435297

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>le Creuset</u>				Company Name <u>LE CREUSET</u>				<input type="checkbox"/> Same Day	
Street Address <u>Unit 7 arte hoek</u>				Street Address <u>SHOP 513, UPPER LEVEL</u>				<input type="checkbox"/> Express	
<u>car Church & Andringa</u>				<u>TYGERVALLEY CENTRE</u>				<input type="checkbox"/> With Sunrise Option	
<u>Street</u>				<u>BILL BEZUIDENHOUT ROAD</u>				<input type="checkbox"/> With Saturday Service	
Suburb <u>Stellenbosch</u>				Suburb <u>BELLVILLE</u>				<input type="checkbox"/> Public Holiday Service	
City/Town <u>Cape Town</u>		Postal Code <u>7140</u>		City/Town <u>CAPE TOWN</u>		Postal Code <u>7530</u>		<input type="checkbox"/> Economy	
Contact <u>Cheryl</u>				Contact <u>LIZE MARZE</u>				<input type="checkbox"/> After Hours	
Phone <u>021 300 3168</u>				Phone <u>021 914 7053</u>				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country		South Africa		Botswana		Lesotho		Namibia	
								Swaziland	
								Other (Please Specify)	
Sender's Reference <u>UTI9976805</u>				Analysis Code					
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. <u>027766</u>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>			
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).									
<i>Adams</i>						<u>18/01/18</u>			
SENDER'S AUTHORISED SIGNATURE						DATE			
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)	
<u>1</u>									
Goods received in full without damage (unless endorsed)									
Name Of Receiver (PLEASE PRINT CLEARLY)					Received By UTI				
<u>STEPHANIE</u>					<i>Cherie</i>				
Date Received:					Date Received:				
<u>19/01/18</u>					<u>18/01/18</u>				
Time Received:					Time Received:				
<u>1240</u>					<u>1540</u>				
Signature: <i>[Signature]</i>					Signature: <i>[Signature]</i>				

POD COPY

Version Control (06/2010)