

**CONTRACT FOR CARRIAGE / DISPATCH NOTE**



UTI South Africa (Pty) Ltd  
t/a UTI Distribution  
PO Box 53, The Reeds 0051  
Tel (012) 673-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4280213873



SUBBD23435298


Sender's Details	Consignee's Details. Full Street Address Please	Mark Service Required
Company Name: <b>Le Creuset</b>	Company Name: <b>LE CREUSET</b>	<input type="checkbox"/> Same Day
Street Address: <b>Unit 7 Oude Hoek</b>	Street Address: <b>SHOP 6197</b>	<input type="checkbox"/> Express
<b>Chr Church &amp; Ardringa</b>	<b>VICTORIA WHARF CENTRE</b>	<input type="checkbox"/> With Sunrise Option
Street	<b>V&amp;A WATERFRONT</b>	<input type="checkbox"/> With Saturday Service
Suburb: <b>Stellenbosch</b>	Suburb: <b>WATERFRONT</b>	<input type="checkbox"/> Public Holiday Service
City/Town: <b>Cape Town</b> Postal Code: <b>7110</b>	City/Town: <b>CAPE TOWN</b> Postal Code: <b>8001</b>	<input type="checkbox"/> Economy
Contact: <b>Cheryl</b>	Contact: <b>CINDY PETERSON</b>	<input type="checkbox"/> After Hours
Phone: <b>021 300 3168</b>	Phone: <b>021 421 5521</b>	<input type="checkbox"/> BLNS Customs Tariff
Destination Country: South Africa	Destination Country: <b>Other</b> (Please Specify) <b>O</b>	<input type="checkbox"/> Depot Hand In
Destination Country: Botswana	Analysis Code: <b>0</b>	
Destination Country: Lesotho		
Destination Country: Namibia		
Destination Country: Swaziland		
Destination Country: Other		
<b>SPECIAL INSTRUCTIONS</b>		
Bill Charges To Account No. <b>027766</b>	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		
<p>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).</p>		
e-mail / Fax / Proof of Delivery <input type="checkbox"/>	e-mail Address / Fax Number	
<b>Total Parcels</b>	<b>NO. OF PARCELS PER DIMENSIONS</b>	<b>LENGTH (CM) WIDTH (CM) HEIGHT (CM)</b>
<b>1</b>		
<b>Goods received in full without damage (unless endorsed)</b>		
<b>Name Of Receiver (PLEASE PRINT CLEARLY)</b> <b>M A M A I P N A</b>		
<b>Date Received:</b> <b>25 01 18</b>	<b>Time Received:</b> <b>1708</b>	<b>Received By UTI</b> <b>Name of Courier (PLEASE PRINT CLEARLY)</b> <b>M A M A</b>
<b>Signature:</b> <i>[Signature]</i>	<b>Date Received:</b> <b>24 07 18</b>	<b>Time Received:</b> <b>1357</b>
<b>Signature:</b> <i>[Signature]</i>		

POD COPY

Total Mass (kg)