

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



SUBBD23435300

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name <u>Le Creuset</u>		Company Name <u>Le creuset Waterfront</u>				<input type="checkbox"/> Same Day
Street Address <u>Unit 7 Oude Hoek</u>		Street Address <u>Shop 6197</u>				<input type="checkbox"/> Express
<u>Cnr Church & Andringa</u>		<u>Victoria Wharf Centre</u>				<input type="checkbox"/> With Sunrise Option
<u>Street</u>		<u>ve A Waterfront</u>				<input type="checkbox"/> With Saturday Service
Suburb <u>Stellenbosch</u>		Suburb <u>Cape Town</u>				<input type="checkbox"/> Public Holiday Service
City / Town <u>Cape Town</u> Postal Code <u>740</u>		City / Town Postal Code <u>8001</u>				<input type="checkbox"/> Economy
Contact <u>Cheryl</u>		Contact <u>Cindy</u>				<input type="checkbox"/> After Hours
Phone <u>021 300 3168</u>		Phone <u>021 421 8521</u>				<input type="checkbox"/> BLNS Customs Tariff
Destination Country		(Please Specify)				<input type="checkbox"/> Depot Hand In
South Africa		Botswana Lesotho Namibia Swaziland Other				
Sender's Reference		Analysis Code				
SPECIAL INSTRUCTIONS						
Bill Charges To Account No. <u>027766</u>		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> 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).						
 SENDER'S AUTHORISED SIGNATURE					DATE <u>01/2/18</u>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number						Total Mass (Kg)
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)						
<u>KIM</u>						
Date Received:			Time Received:			
<u>02/02/18</u>			<u>1352</u>			
Signature: <u>[Signature]</u>						
Received By UTI						
Name Of Courier (PLEASE PRINT CLEARLY)						
<u>[Signature]</u>						
Date Received:			Time Received:			
<u>02/02/18</u>			<u>1610</u>			
Signature: <u>[Signature]</u>						

Version Control (06/2010)