

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



SUBBD23490597

Sender's Details Company Name: <i>Le Creuset</i> Street Address: <i>Bedford Centre Shop U17</i> <i>Cnr Smith and Vanderlinde Bevers Naude Drive</i> Suburb: <i>Bedfordview</i> City/Town: <i>JHB</i> Postal Code: <i>2002</i> Contact: <i>Mika</i> Phone: <i>011 615 1223</i>		Consignee's Details. Full Street Address Please Company Name: <i>Le Creuset</i> Street Address: <i>Shop U41</i> <i>Coesta Shopping Centre</i> <i>Beyers Naude Drive</i> Suburb: <i>Coesta</i> City/Town: <i>Johannesburg</i> Postal Code: <i>2021</i> Contact: <i>Mika</i> Phone: <i>011 475 6010</i>				Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sundae Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours <input type="checkbox"/> BLNS Customs Tariff <input type="checkbox"/> Depot Hand In
Destination Country: <input type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)		Sender's Reference: <i>UTI 9910508</i> Analysis Code:				
SPECIAL INSTRUCTIONS Bill Charges To Account No. <i>027766</i> 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).						
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE: <i>[Signature]</i> DATE: <i>16.01.2018</i>		Total Mass (Kg)		
Total Parcels <input type="text" value="1"/>		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): <i>MATHAPELO</i>			Received By UTI Name Of Courier (PLEASE PRINT CLEARLY): <i>[Signature]</i>			
Date Received: <i>17/01/18</i>		Time Received: <i>03:25</i>		Date Received: <i>16/01/18</i>		
Signature: <i>M. Lebocato</i>		Signature: <i>[Signature]</i>				

POD COPY

Version: Contract (06/2010)