

CONTRACT FOR CARRIAGE / DISPATCH NOTE

file



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



SUBBD23490605

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <i>Le Crenset</i>		Company Name <i>Le Crenset</i>				<input type="checkbox"/> Same Day	
Street Address <i>Bedford Centre Shop U17</i>		Street Address <i>Unit 5 Heron Park Olive Grove Industrial Estate</i>				<input checked="" type="checkbox"/> Express	
Suburb <i>Cnr Smith and Vander Bedfordview</i>		Suburb <i>Linde Old Paardevlei Rd. Somerset West</i>				<input type="checkbox"/> With Sunrise Option	
City / Town <i>JHB</i> Postal Code <i>2008</i>		City / Town <i>Cape Town</i> Postal Code <i>7130</i>				<input type="checkbox"/> With Saturday Service	
Contact <i>Hila</i>		Contact <i>Vicky (file)</i>				<input type="checkbox"/> Public Holiday Service	
Phone <i>011 615 1923</i>		Phone <i>021 25 17178</i>				<input type="checkbox"/> Economy	
Destination Country		Other (Please Specify)				<input type="checkbox"/> After Hours	
South Africa						<input type="checkbox"/> BLNS Customs Tariff	
Botswana						<input type="checkbox"/> Depot Hand In	
Lesotho						<input type="checkbox"/>	
Namibia						<input type="checkbox"/>	
Swaziland						<input type="checkbox"/>	
Analysis Code						<input type="checkbox"/>	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <i>027756</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			
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
1							
Goods received in full without damage (unless endorsed)				Received By UTi			
Name Of Receiver (PLEASE PRINT CLEARLY) <i>A de Beer</i>				Name Of Courier (PLEASE PRINT CLEARLY) <i>TLO</i>			
Date Received: <i>02 02 18</i>		Time Received: <i>0950</i>		Date Received: <i>02 02 18</i>		Time Received: <i>1310</i>	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

Version Control (06/2010)