

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
t/a UTI Distribution  
PO Box 63, The Reads 0061  
Tel (012) 673-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4260213873



SUBBD23490623

*Damages*

ADDITIONAL					
TRACKING					
NUMBERS					

Sender's Details		Consignee's Details. Full Street Address Please			
Company Name	<i>Le Creuset</i>	Company Name	<i>Le Creuset</i>		
Street Address	<i>Bedford Centre Shop u 17</i>	Street Address	<i>Unit 5 HERON PARK Olive Grove Industrial Estate</i>		
Suburb	<i>Bedfordview</i>	Suburb	<i>SOMERSET WEST</i>		
City / Town	<i>JHB</i> Postal Code <i>2008</i>	City / Town	<i>CAPE TOWN</i> Postal Code <i>7130</i>		
Contact	<i>M. La</i>	Contact	<i>Jenna (damages)</i>		
Phone	<i>011 6151923</i>	Phone	<i>021 8517172</i>		
Destination Country	South Africa	Lesotho	Namibia	Swaziland	Other (Please Specify)

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS Customs Tariff

Sender's Reference *UTI DISPATCH330* Analysis Code

SPECIAL INSTRUCTIONS

Bill Charges To Account No. *027766*

Bill To  Sender  Consignee  Other (Name Please)

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).

*Jenna* *26 02 2018*

SENDER'S AUTHORISED SIGNATURE DATE

Depot Hand In

Total Mass (Kg)

e-mail / Fax / Proof of Delivery  e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<i>1</i>				

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)

*XAVIER*

Date Received: *28 02 18* Time Received: *10 00*

Signature: *[Signature]*

Received By UTI

Name Of Courier (PLEASE PRINT CLEARLY)

*UTI*

Date Received: *26 02 18* Time Received: *15 30*

Signature: *[Signature]*

POD COPY

Version Control (08/2013)