

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
 t/a UTI Distribution  
 PO Box 63, The Reads 0061  
 Tel (012) 573-2000  
 Reg. No. 2004/015747/07  
 VAT Reg. No. 4280213873



SUBBD23490628

ADDITIONAL					
TRACKING					
NUMBERS					

<b>Sender's Details</b> Company Name: <u>Le Creuset</u> Street Address: <u>Bedford Centre Shop u17</u> <u>nr Smith and Vanderlinde</u> Suburb: <u>Bedfordview</u> City/Town: <u>JHB</u> Postal Code: <u>2008</u> Contact: <u>M. LA</u> Phone: <u>011 6151923</u>		<b>Consignee's Details. Full Street Address Please</b> Company Name: <u>Le Creuset</u> Street Address: <u>Unit 5 Heron Park</u> <u>Olive Grove Industrial Estate</u> <u>Old Paardevlei Rd.</u> Suburb: <u>Somerset West</u> City/Town: <u>Cape Town</u> Postal Code: <u>7130</u> Contact: <u>LAUREN (competition boards)</u> Phone: <u>021 8517178</u>				<b>Mark Service Required</b> <input type="checkbox"/> Same Day <input checked="" type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input type="checkbox"/> Economy <input type="checkbox"/> After Hours <input type="checkbox"/> BLNS Customs Tariff <input type="checkbox"/> Depot Hand In	
Destination Country: <u>South Africa</u>		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other <input type="checkbox"/>		Analysis Code:			
Sender's Reference: <u>UT1 9645660</u>							
<b>SPECIAL INSTRUCTIONS</b> 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).							
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		SENDER'S AUTHORIZED SIGNATURE: <u>Lauren</u>		DATE: <u>02.01.2017</u>			
Total Parcels: <u>1</u>		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): <u>LAUREN</u> Date Received: <u>030118</u> Time Received: <u>1045</u> Signature:							
Received By UTi Name Of Courier (PLEASE PRINT CLEARLY): <u>NEILSON</u> Date Received: <u>020118</u> Time Received: <u>1419</u> Signature:							

POD COPY

Version Control 05/2010