

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



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|--|---|---|------------|---|-----------------|
| <b>Sender's Details</b><br>Company Name: <u>Le Creuset</u><br>Street Address: <u>Shop 321 E Centurion Mail Heywel Avenue Centurion</u><br>Suburb: <u>Centurion</u><br>City/Town: <u>Pretoria</u> Postal Code: <u>0157</u><br>Contact: <u>Eureka</u><br>Phone: <u>(012) 004-027</u>   |   | <b>Consignee's Details. Full Street Address Please</b><br>Company Name: <u>Le Creuset</u><br>Street Address: <u>Unit 5, Heron Park Olive Grove Industrial Estate Old Paardevlei Road Somerset West</u><br>Suburb: <u>Somerset West</u><br>City/Town: <u>Cape Town</u> Postal Code: <u>8001</u><br>Contact: <u>Jenna</u><br>Phone: <u>(021) 851-7178</u> |            | Mark Service Required<br><input type="checkbox"/> Same Day<br><input type="checkbox"/> Express<br><input type="checkbox"/> With Sunrise Option<br><input type="checkbox"/> With Saturday Service<br><input type="checkbox"/> Public Holiday Service<br><input checked="" type="checkbox"/> Economy<br><input type="checkbox"/> After Hours<br>BLNS Customs Tariff<br><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: <u>UT1707322</u> Analysis Code:   |            |   |                 |
| <b>SPECIAL INSTRUCTIONS</b><br>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"/><br>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, 12.5 AND 12.7 OVERLEAF). |   |   |            |   |                 |
| e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number  |   | SENDER'S AUTHORIZED SIGNATURE: <u>Mandela</u> DATE: <u>03/04/2018</u>   |            |   |                 |
| Total Parcels: <u>1</u>  | NO. OF PARCELS PER DIMENSIONS: <u>Box</u> | LENGTH (CM)   | WIDTH (CM) | HEIGHT (CM)   | Total Mass (Kg) |
| Goods received in full without damage (unless endorsed)<br>Name Of Receiver (PLEASE PRINT CLEARLY): <u>SIVINO</u><br>Date Received: <u>050418</u> Time Received: <u>0935</u><br>Signature: <u>[Signature]</u>  |   | Received By UTI<br>Name Of Courier (PLEASE PRINT CLEARLY): <u>Dan</u><br>Date Received: <u>030418</u> Time Received: <u>1720</u><br>Signature: <u>[Signature]</u>   |            |   |                 |

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