

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 63, The Reeds 0961
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213673



SUBBD23683317

ADDITIONAL					
TRACKING					
NUMBERS					

Sender's Details Company Name: <u>Le Creuset</u> Street Address: <u>Shop 312 E</u> <u>Centurion Mall</u> <u>Heunel Avenue</u> Suburb: <u>Centurion</u> City/Town: <u>Pretoria</u> Postal Code: <u>0157</u> Contact: <u>Eureka</u> Phone: <u>012 004 0217</u>		Consignee's Details. Full Street Address Please Company Name: <u>Le Creuset</u> Street Address: <u>Unit 1, Heron Park</u> <u>Olive Grove Industrial Estate</u> <u>Old Paardevlei Road</u> Suburb: <u>Somerset West</u> City/Town: <u>Cape Town</u> Postal Code: _____ Contact: <u>Carmen</u> Phone: <u>021 851 7178</u>		Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input checked="" type="checkbox"/> After Hours <input type="checkbox"/> BLNS Customs Tariff Depot Hand In	
Destination Country: <input checked="" 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)		Analysis Code: _____			
Sender's Reference: <u>461707322</u>					
SPECIAL INSTRUCTIONS Bill Charges To Account No: <u>027766</u> Bill To: <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> 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).					
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number _____		SENDER'S AUTHORIZED SIGNATURE: <u>[Signature]</u> DATE: <u>03/04/2018</u>			
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1 Flyer					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>ELU/NO</u>			Received By UTI Name Of Courier (PLEASE PRINT CLEARLY): <u>DAN</u>		
Date Received: <u>050418</u>		Time Received: <u>0935</u>		Date Received: <u>030418</u>	
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>			

POD COPY

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