

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 63, The Rends 0051
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4280213873



SUBBD23683327



POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: Le Creuset Centurion		Company Name: le Creuset Killarney.				<input type="checkbox"/> Same Day	
Street Address: Shop 312E Centurion Mall Heurvel Avenue Centurion.		Street Address: Shop G1, Cnr Hobart & Grosvenor Rds.				<input type="checkbox"/> Express	
Suburb: Centurion.		Suburb: Bryanston				<input type="checkbox"/> With Sunrise Option	
City / Town: Pretoria. Postal Code: 0157		City / Town: Johannesburg Postal Code: 2021				<input type="checkbox"/> With Saturday Service	
Contact: Eureka		Contact: Sevanah				<input type="checkbox"/> Public Holiday Service	
Phone: 012 004 0217		Phone: 011 568 4708				<input checked="" type="checkbox"/> Economy <input checked="" type="checkbox"/>	
Destination Country: South Africa		<input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)				<input type="checkbox"/> After Hours	
Sender's Reference: MEI 2454278		Analysis Code: [] [] [] [] [] [] [] [] [] []				<input type="checkbox"/> BLNS <input type="checkbox"/> Customs <input type="checkbox"/> Tariff	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027766		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.		<input type="checkbox"/> Depot Hand In	
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: <i>[Signature]</i> DATE: 15/5/18	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
[1]		[Box]		[] [] [] [] [] [] [] [] [] []		[] [] [] [] [] [] [] [] [] []	
HEIGHT (CM)		[] [] [] [] [] [] [] [] [] []		Total Mass (Kg)		[] [] [] [] [] [] [] [] [] []	
Goods received in full without damage (unless endorsed)				Received By UTI			
Name Of Receiver (PLEASE PRINT CLEARLY): Gomtse				Name Of Courier (PLEASE PRINT CLEARLY): Zakeb			
Date Received: 16 05 18		Time Received: 09 52		Date Received: 15 05 18		Time Received: 12 50	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

Vasari, Gwynne (Pty) Ltd