

CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD23817546



Sender's Details		Consignee's Details. Full Street Address Please	
Company Name: LE CREUSET DBN	Street Address: SHOP UL 262 PAVILION SHOPPING CENTER JACK HAARTENS DRIVE WESTVILLE	Company Name: LE CREUSET CPT	Street Address: UNIT 5 HERON PARK OLIVE GROVE OLD PAARDEVLEI ROAD SOMERSET WEST
City/Town: DUR Postal Code: 4000	Contact: RASHIEE / IRISINA	City/Town: CAPE TOWN (CPT) Postal Code: 8000	Contact: JENNA
Phone: 031 265 8455		Phone: 021 851 7178	

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS Customs Tariff

Destination Country: South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)

Sender's Reference: **4711489400** Analysis Code: [] [] [] [] [] [] [] [] [] []

SPECIAL INSTRUCTIONS

Bill Charges To Account No. [] [] [] [] [] [] [] [] [] []

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).

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SENDER'S AUTHORIZED SIGNATURE: *[Signature]* DATE: **20/03/2018**

Total Parcels: **1** NO. OF PARCELS PER DIMENSIONS: **1 X FLUEL**

LENGTH (CM) [] [] [] [] [] [] [] [] [] []

WIDTH (CM) [] [] [] [] [] [] [] [] [] []

HEIGHT (CM) [] [] [] [] [] [] [] [] [] []

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY): **JENNA**

Date Received: **220318** Time Received: **1005**

Signature: *[Signature]*

Received By UTI

Name Of Courier (PLEASE PRINT CLEARLY): **AARON**

Date Received: **200318** Time Received: **1620**

Signature: *[Signature]*

POD COPY

Depot Hand In

Total Mass (Kg)

Version Control: 10/2018