

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 83, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD23817549

POD COPY

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required			
Company Name LE CREUSET DBN				Company Name LE CREUSET CPT				<input type="checkbox"/> Same Day			
Street Address SHOP UL 262 PAVILION SHOPPING CENTER JACK HAARTENS DRIVE				Street Address UNIT 5 HERON PARK OLIVE GROVE OLD PAARDEVLEI ROAD				<input checked="" type="checkbox"/> Express			
Suburb WESTVILLE				Suburb SOMERSET WEST				<input type="checkbox"/> With Sunrise Option			
City/Town OUR		Postal Code 4000		City/Town CAPE TOWN (CPT)		Postal Code 8000		<input type="checkbox"/> With Saturday Service			
Contact TRISINA				Contact VICCY				<input type="checkbox"/> Public Holiday Service			
Phone 031 265 8455				Phone 021 851 7178				<input type="checkbox"/> Economy			
Destination Country		South Africa		Botswana		Lesotho		Namibia			
		Swaziland		Other (Please Specify)							
Sender's Reference 4T13139635				Analysis Code				<input type="checkbox"/> BLNS Customs Tariff			
SPECIAL INSTRUCTIONS											
Bill Charges To Account No. <input type="checkbox"/>				Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		<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, 12.6 AND 12.7 OVERLEAF).											
SENDER'S AUTHORIZED SIGNATURE						DATE 18/06/2018					
e-mail / Fax / Proof of Delivery <input type="checkbox"/>				e-mail Address / Fax Number							
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)		Total Mass (Kg)	
1		1 x FLYER									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) Lizelle						Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) AARON					
Date Received: 190618				Time Received: 0844		Date Received: 180618				Time Received: 1625	
Signature:						Signature:					

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