

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 63, The Reeds 0061
Tel (012) 873-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD23817557

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET DBN		Company Name LE CREUSET CPT				Same Day	
Street Address SHOP UL 262 PAVILION SHOPPING CENTER JACK HAARTENS DRIVE		Street Address UNIT 5 HERON PARK OLIVE GROVE OLD PAARDEVLEI ROAD				Express <input checked="" type="checkbox"/>	
Suburb WESTVILLE		Suburb SOMERSET WEST				With Sunrise Option	
City / Town DURBAN Postal Code 4000		City / Town CAPE TOWN (CPT) Postal Code 7800				With Saturday Service	
Contact TRISINA		Contact VICKY				Public Holiday Service	
Phone 031 265 8455		Phone 021 851 7178				Economy	

Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference UT12471640						Analysis Code

SPECIAL INSTRUCTIONS

Bill Charges To Account No. Bill To Sender Consignee Other (Name Please)

027766 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).

16/05/2018

e-mail / Fax / Proof of Delivery e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1	1 X FLIER			

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)
J BEWADE

Date Received: **17 05 18** Time Received: **08 40**

Signature: *[Signature]*

Received By UTI

Name Of Courier (PLEASE PRINT CLEARLY)
AARON

Date Received: **16 05 18** Time Received: **16 30**

Signature: *[Signature]*

Depot Hand In

BLNS Customs Tariff

Total Mass (Kg)

POD COPY

Version Control (05/2010)