

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
 t/a UTI Distribution  
 PO Box 83, The Roads, 0061  
 Tel (012) 673 2000  
 Reg. No. 2004/015747/07  
 VAT Reg. No. 4760218873



SUBBD24006615


<b>Sender's Details</b> Company Name: <u>Le creuset</u> Street Address: <u>Shop 12 Menlyn Maine, January Masilela &amp; Amaranth Waterkloof Ext 5</u> Suburb: <u>Waterkloof Ext 5</u> City / Town: <u>Pretoria</u> Postal Code: <u>0181</u> Contact: <u>TONI</u> Phone: <u>012 004 0082</u>		<b>Consignee's Details. Full Street Address Please</b> Company Name: <u>Le creuset</u> Street Address: <u>Shop 312 E Upper level Heuwel Avenue</u> Suburb: <u>Centurion</u> City / Town: <u>Pretoria</u> Postal Code: <u>0046</u> Contact: <u>EURIKA</u> Phone: <u>012 004 0217</u>		<b>Mark Service Required</b> <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 type="checkbox"/> After Hours BLNS Customs Tariff <input type="checkbox"/> Depot Hand In	
Destination Country: <input 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)		Sender's Reference: <u>441102253</u> Analysis Code:		BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No: <u>027766</u> Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> 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, 12.8 AND 12.7 OVERLEAF).					
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE: <u>[Signature]</u> DATE: <u>06-03-18</u>		Total Mass (Kg)	
<b>Total Parcels</b> NO. OF PARCELS PER DIMENSIONS LENGTH (CM) WIDTH (CM) HEIGHT (CM)		1		[Blank]	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>Koketsu</u>			Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) <u>[Signature]</u>		
Date Received: <u>07M0318</u> Time Received: <u>1624</u>		Date Received: <u>06M0318</u> Time Received: <u>1615</u>		Signature:	

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