

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
 Via UTI Distribution
 PO Box 63, The Meadows 0091
 Tel: (012) 673 2000
 Reg. No. 2004/015742/07
 VAT Reg. No. 4280213873



SUBBD24623600

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required
Company Name LE CREUSET		Company Name Le Creuset						<input type="checkbox"/> Same Day
Street Address CNR 6TH ROAD & JAN SMUT HYDEPARK CORNER HYDEPARK		Street Address Shop UHI Cresta Shopping Centre Beyers, Naude Drive Cresta						<input type="checkbox"/> Express
Suburb SANDTON		Suburb Cresta						<input type="checkbox"/> With Sunrise Option
City/Town JNB Postal Code		City/Town Johannesburg Postal Code 2021						<input type="checkbox"/> With Saturday Service
Contact PATRICIA MOAGA		Contact PHINDILE						<input type="checkbox"/> Public Holiday Service
Phone 011 325 5605		Phone 011 476 6010						<input checked="" type="checkbox"/> Economy
Destination Country <input checked="" 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)								<input type="checkbox"/> After Hours
Sender's Reference		Analysis Code						<input type="checkbox"/> BLNS Customs Tariff
SPECIAL INSTRUCTIONS								
Bill Charges To Account No. 027765		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)						<input type="checkbox"/> Depot Hand In
<p>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).</p>								
SENDER'S AUTHORIZED SIGNATURE <i>W. A. TAYLOR</i>						DATE 29/10/2017		Total Mass (Kg)
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)				
1								
Goods received in full without damage (unless endorsed)				Received By UTI				
Name Of Receiver (PLEASE PRINT CLEARLY) MATHADELO				Name Of Courier (PLEASE PRINT CLEARLY) <i>[Signature]</i>				
Date Received: 02/01/18		Time Received: 01:07		Date Received: 29/12/17		Time Received: 14:00		
Signature: <i>M. Madoalo</i>				Signature: <i>[Signature]</i>				

POD COPY

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