

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
 1/2 UTI Distribution
 PO Box 65, The Reeds 0091
 Tel: (012) 673-2000
 Reg. No. 20344574767
 VAT Reg. No. 4260213873



SUBBD24623603

SUB HT 05905099
 SUB HT 05905083
 SUB HT 05905084
 SUB HT 05905085

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		Street Address: Shop G1 - CNR Hobart & Grosvenor Road					<input type="checkbox"/> Express	
Suburb: SANDTON		Suburb: SEYANSTON					<input type="checkbox"/> With Sunble Option	
City/Town: JNB	Postal Code:	City/Town: JHB	Postal Code: 2021			<input type="checkbox"/> With Saturday Service		
Contact: PATRICIA MOAGA		Contact: SEVARIAN					<input type="checkbox"/> Public Holiday Service	
Phone: 011 325 5605		Phone: (011) 568 -4708					<input checked="" type="checkbox"/> Economy	
Destination Country: <input checked="" type="checkbox"/> South Africa		Destination Country: <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: UT19841349		Analysis Code:					BLNS Customs Tariff	
SPECIAL INSTRUCTIONS								
Bill Charges To Account No: 027766		Bill To: <input checked="" type="checkbox"/> Sender		Consignee: <input type="checkbox"/>		Other (Name Please): <input type="checkbox"/>		
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).								
e-mail / Fax / Proof of Delivery <input type="checkbox"/>					e-mail Address / Fax Number			
Total Parcels: 5		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		
						HEIGHT (CM)		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): SEVARIAN				Received By UTI Name Of Courier (PLEASE PRINT CLEARLY): KABZ				
Date Received: 15/01/18		Time Received: 17:00		Date Received: 12/01/18		Time Received: 12:00		
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>				

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UT 06/2013