

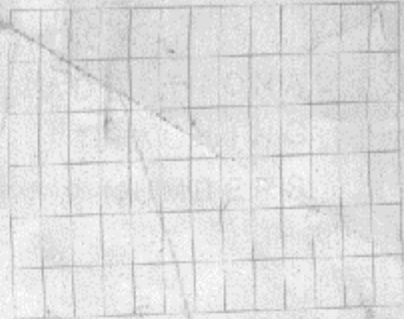
ACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 83, The Reeds 0081
Tel (012) 673-2000
Reg. No. 2004/01574/07
VAT Reg. No. 42802138/3



SUBBD24623604



Sender's Details Company Name: LE CREUSET Street Address: CNR 6TH ROAD & JAN SMUT HYDEPARK CORNER HYDEPARK SANDTON City/Town: JNB Postal Code: _____ Contact: PATRICIA MDAGA Phone: 011 325 5605		Consignee's Details. Full Street Address Please Company Name: LE CREUSET Hyde Park Killarney Street Address: Shop 100 Killarney mall 60 Riviera Road Suburb: Killarney City/Town: Cassandra Postal Code: 2193 Contact: _____ Phone: 01646 6316		Mark Service Required <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 BLMS Customs Tariff Depot Hand In
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) _____ Analysis Code: _____ Sender's Reference: _____		SPECIAL INSTRUCTIONS Charges To Account No: 027765 Bill To Sender <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) _____ 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 Mass (Kg)
Total Parcels: 1 NO. OF PARCELS PER DIMENSIONS: _____ LENGTH (CM): _____ WIDTH (CM): _____ HEIGHT (CM): _____		Received By UTI: Name Of Courier (PLEASE PRINT CLEARLY): KAB Date Received: 12/01/18 Time Received: 1300 Signature: _____		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): Nelashia Date Received: 15/01/18 Signature: _____		SENDER'S AUTHORIZED SIGNATURE: _____ DATE: _____		

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