

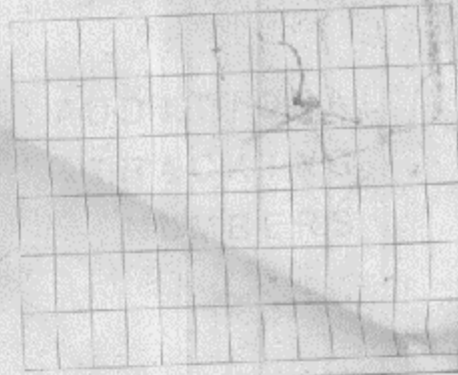
CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
 t/a UTI Distribution
 PO Box 63, The Reeds 0061
 Tel (012) 675-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4260213873



SUBBD24623605



Sender's Details

Company Name: **LE CREUSET**

Street Address: **CNR 6TH ROAD & JAN SMUT HYDEPARK CORNER HYDEPARK SANDTON**

Suburb: **SANDTON**

City/Town: **JNB** Postal Code: _____

Contact: **PATRICIA MOAGA**

Phone: **011 325 5605**

Consignee's Details. Full Street Address Please

Company Name: **LE CREUSET SHOP 208 GARDENS CENTRE CNR MILL & BUITENKANT STR CAPE TOWN**

Street Address: _____

Suburb: _____

City/Town: **CAPE TOWN** Postal Code: **8001**

Contact: **001 462 7277**

Phone: **NATASHA**

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS Customs Tariff

Depot Hand In

Destination Country: South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)

Analysis Code: _____

Sender's Reference: _____

SPECIAL INSTRUCTIONS

Bill Charges To Account No: **027766**

Bill To Sender Consignee Other (Name Please) _____

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).

Shayle **09/01/18**

SENDER'S AUTHORISED SIGNATURE DATE

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 BOX**

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY): **AQEELAH**

Date Received: **12/01/18**

Time Received: **09:42**

Signature: *[Signature]*

Received By UTI

Name Of Courier (PLEASE PRINT CLEARLY): **SHAW**

Date Received: **10/01/18**

Time Received: **1600**

Signature: *[Signature]*

GOOD COPY