

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
 1/a UTI Sun Couriers
 PO Box 63, The Reeds 0061
 Tel (012) 673 2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4260213873



SUBCD26250226

POD COPY

Sender's Details Company Name LE CREUSET Street Address SHOP UL 262, PAVILION SHOPPING CENTRE JACK MAARTTENS DRIVE Suburb WESTVILLE City / Town DUR Postal Code 4000 Contact TRIGINA / RASHREE Phone 031 265 8455			Consignee's Details. Full Street Address Please Company Name LE CREUSET CPT Street Address UNIT 5, HERON PARK OLIVE GROVE IND ESTATE SOMERSET WEST Suburb City / Town SOMERSET WEST (SSW) Postal Code 8000 Contact HELENA DAVIDS Phone 021 851 7178			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 checked="" type="checkbox"/> <input type="checkbox"/> After Hours <input type="checkbox"/> BLNS / Customs Tariff Lines <input type="checkbox"/> Depot Hand In
Destination Country South Africa <input checked="" type="checkbox"/> Botswana Lesotho Namibia Swaziland Other (Please Specify)	Sender's Reference UT12625061 Analysis Code		SPECIAL INSTRUCTIONS			
Bill Charges To Account No. 027766	Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)		If Consignee Or 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 SUN COURIERS LIMITS ITS LIABILITY TO R250.00 PER SHIPMENT. (SEE CLAUSE 12.5 OVERLEAF). IF YOU WISH UTI SUN COURIERS TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSES 12.5, 12.6 AND 12.7 OVERLEAF).						
e-mail / Fax / Proof of delivery <input type="checkbox"/> e-mail Address / Fax Number			SENDER'S AUTHORISED SIGNATURE DATE 25/05/2018			
Total Parcels 1	NO. OF PARCELS 1 x BOX	Dimensions In Centimetres LENGTH WIDTH HEIGHT		Mass (kg)		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) BASIL			Received by UTI Name Of Courier (PLEASE PRINT CLEARLY) AARON			
Date Received: 28 05 18		Time Received: 11 50		Date Received: 25 05 18		
Signature		Time Received: 11 09 Signature				

Original POD Required
 P.O. Box

Lafromath SA (011) 474-8263 Variable Control (10/2012) 500002-14 1012