

CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBCD26250245

Sender's Details Company Name <u>LE CREUSET</u> Street Address <u>SHOP UL 262,</u> <u>PAVILION SHOPPING CENTRE</u> <u>JACK MAARTTENS DRIVE</u> Suburb <u>WESTVILLE</u> City / Town <u>DUR</u> Postal Code <u>4000</u> Contact <u>RASHREE</u> Phone <u>031 265 8455</u>		Consignee's Details. Full Street Address Please Company Name <u>LE CREUSET CPT</u> Street Address <u>UNIT 5, HERON PARK</u> <u>OLIVE GROVE IND ESTATE</u> <u>SOMERSET WEST</u> Suburb _____ City / Town <u>SOMERSET WEST (SSW)</u> Postal Code <u>8000</u> Contact <u>JENNA / FRANCI</u> Phone <u>021 851 7178</u>				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 <input type="checkbox"/> BLNS Customs Tariff Lines <input type="checkbox"/> Depot Hand In	
Destination Country: South Africa, Botswana, Lesotho, Namibia, Swaziland, Other (Please Specify)		Analysis Code: _____					
SPECIAL INSTRUCTIONS Bill Charges To Account No. <u>027766</u> 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).							
SENDER'S AUTHORIZED SIGNATURE: _____ DATE: <u>15/01/2018</u>							
Total Parcels: <u>1</u>		NO. OF PARCELS: <u>1 X BOX</u>		Dimensions In Centimetres: LENGTH _____ WIDTH _____ HEIGHT _____		Mass (kg): _____	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>ECUINO</u> Date Received: <u>17/01/18</u> Time Received: <u>0945</u> Signature: _____				Received by UTI Name Of Courier (PLEASE PRINT CLEARLY): <u>AARON</u> Date Received: <u>15/01/18</u> Time Received: <u>1620</u> Signature: _____			

POD COPY

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