

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
 t/a UTI Sun Couriers
 PO Box 83, The Reeds 0061
 Tel (012) 673-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4280213873



SUBCD26250258

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name LE CREUSET		Company Name LE CREUSET CPT		<input type="checkbox"/> Same Day	
Street Address SHOP UL 262,		Street Address UNIT 5, HERON PARK		<input type="checkbox"/> Express	
PAVILION SHOPPING CENTRE		OLIVE GROVE IND ESTATE		<input type="checkbox"/> With Sunrise Option	
JACK NAARTENS DRIVE		SOMERSET WEST		<input type="checkbox"/> With Saturday Service	
Suburb WESTVILLE		Suburb		<input type="checkbox"/> Public Holiday Service	
City/Town DUR	Postal Code 4000	City/Town SOMERSET WEST (SSW)	Postal Code 8000	<input checked="" type="checkbox"/> Economy	
Contact TRISINA		Contact JORDA / FRANCI		<input type="checkbox"/> After Hours	
Phone 031 265 8455		Phone 021 851 7178		<input type="checkbox"/> BLNS Customs Tariff Lines	

Destination Country	South Africa <input checked="" type="checkbox"/>	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference	UT 1 289 2537 dt			Analysis Code		

SPECIAL INSTRUCTIONS **REF: REPLACEMENTS / DAMAGES**

Bill Charges To Account No. 027766	Bill To <input checked="" type="checkbox"/> Sender	<input type="checkbox"/> Consignee	<input type="checkbox"/> Other (Name Please)
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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).

13/06/2018

 SENDER'S AUTHORISED SIGNATURE DATE

e-mail / Fax / Proof of delivery e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS	Dimensions In Centimetres			Mass (kg)
	1 X BOX	LENGTH	WIDTH	HEIGHT	

Original POD Required
 P.O. Box

<p>Goods received in full without damage (unless endorsed)</p> <p>Name Of Receiver (PLEASE PRINT CLEARLY) BASIL</p> <p>Date Received: 13/06/18 Time Received: 0944</p> <p>Signature: _____</p>	<p>Received by UTI</p> <p>Name Of Courier (PLEASE PRINT CLEARLY) NHLAKA</p> <p>Date Received: 13/06/18 Time Received: 1603</p> <p>Signature: _____</p>
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