

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



SUBCD26250262

POD COPY

Sender's Details Company Name LE CREUSET Street Address SHOP UL 262, PAVILION SHOPPING CENTRE JACK HAARTTENS DRIVE Suburb WESTVILLE City / Town DUR Postal Code 4000 Contact T. Sina / Khanyo 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 Mary Online 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 type="checkbox"/> After Hours	
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)		Sender's Reference PASTASALAD BOWL Analysis Code				<input type="checkbox"/> BLNS <input type="checkbox"/> Customs <input type="checkbox"/> Tariff <input type="checkbox"/> Lines	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027766		Bill To Sender <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>		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					
Total Parcels <input type="text" value="10"/>		Dimensions In Centimetres NO. OF PARCELS 1 X BOX LENGTH WIDTH HEIGHT Mass (kg) 					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) MARY				Received by UTI Name Of Courier (PLEASE PRINT CLEARLY) AORON			
Date Received: 26 07 18		Time Received: 10 00		Date Received: 24 07 18		Time Received: 16 29	
Signature [Signature]				Signature [Signature]			



Original POD Required
P.O. Box

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