

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



SUBCD27589087

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <u>Le Creuset</u>		Company Name <u>Le Creuset</u>						<input type="checkbox"/> Same Day	
Street Address <u>Shop 312 E</u>		Street Address <u>Unit 5, Heron Park</u>						<input type="checkbox"/> Express	
<u>Centurion Mall</u>		<u>Olive Grove Industrial Estate</u>						<input type="checkbox"/> With Sunrise Option	
<u>Heuwel Avenue</u>		<u>Old Paardevlei Road.</u>						<input type="checkbox"/> With Saturday Service	
Suburb <u>Centurion</u>		Suburb <u>Somerset West</u>						<input type="checkbox"/> Public Holiday Service	
City / Town <u>Pretoria</u> Postal Code <u>0157</u>		City / Town <u>Cape Town</u> Postal Code <u>8001</u>						<input checked="" type="checkbox"/> Economy <input checked="" type="checkbox"/>	
Contact <u>Eureka</u>		Contact <u>Jenna</u>						<input type="checkbox"/> After Hours	
Phone <u>012 004 0217</u>		Phone <u>021 851 7178</u>						<input type="checkbox"/> BLNS Customs Tariff Lines	
Destination Country		South Africa		Botswana		Lesotho		Namibia	
Sender's Reference <u>UT10658032</u>		Analysis Code							
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. <u>027766</u>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		Depot Hand In	
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		NO. OF PARCELS		Dimensions In Centimetres				Mass (kg)	
1		Flyer		LENGTH		WIDTH		HEIGHT	
Goods received in full without damage (unless endorsed)					Received by UTI				
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)				
ECVIN					EZOMC				
Date Received: 220218					Date Received: 200218				
Time Received: 0920					Time Received: 1355				
Signature					Signature				

Lithotech SJ (011) 474-1828 Version Control (10/2012) SUN030714 1012