

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



SUBCD27589090

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>Heunel 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		
Contact <u>Eureka</u>		Contact <u>Jenna</u>				<input type="checkbox"/> After Hours		
Phone <u>012 004 0017</u>		Phone <u>021 851 7178</u>				<input type="checkbox"/> BLNS		
Destination Country		South Africa		Botswana		<input type="checkbox"/> Customs		
		Lesotho		Namibia		<input type="checkbox"/> Tariff		
				Swaziland		<input type="checkbox"/> Lines		
				Other (Please Specify)		<input type="checkbox"/> Depot Hand In		
Sender's Reference <u>UTI0658032</u>		Analysis Code				<input type="checkbox"/> Original POD Required		
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"/>		
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)	
<u>1</u>		<u>Box</u>						
Goods received in full without damage (unless endorsed)				Received by UTI				
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)				
<u>ELVINO</u>				<u>Ezeke</u>				
Date Received:				Date Received:				
<u>220218</u>				<u>200218</u>				
Time Received:				Time Received:				
<u>0920</u>				<u>1135</u>				
Signature <u>[Signature]</u>				Signature <u>[Signature]</u>				

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