

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
 t/a UTI Sun Couriers
 PO Box 63, The Reads 0061
 Tel (012) 673-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4290213873



SUBCD27981113

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required	
Company Name <u>Le Creuset Watercrest</u>		Company Name <u>Le Creuset Warehouse</u>					<input type="checkbox"/> Same Day	
Street Address <u>Inanda Road Waterfall</u>		Street Address <u>Unit 5, Heron Park Olive Grove</u>					<input checked="" type="checkbox"/> Express	
Suburb <u>Durban</u>		Suburb <u>Somerset West</u>					<input type="checkbox"/> With Sunrise Option	
City / Town <u>DUR</u>	Postal Code <u>3652</u>	City / Town <u>Cape Town</u>	Postal Code <u>8001</u>	<input type="checkbox"/> With Saturday Service				
Contact <u>Siphelele</u>	Phone <u>031 763 1525</u>	Contact <u>Jacqueline</u>	Phone <u>021 891 7178</u>	<input type="checkbox"/> Public Holiday Service				
Destination Country <u>South Africa</u>		<input type="checkbox"/> Economy						
Sender's Reference <u>Banking-file</u>		Analysis Code						
SPECIAL INSTRUCTIONS								
Bill Charges To Account No. <u>027765</u>		Bill To <input checked="" type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		
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		Dimensions In Centimetres			Mass (kg)			
NO. OF PARCELS		LENGTH			WIDTH			
HEIGHT		MASS (kg)			Original POD Required			
<u>1</u>		<u>flyer</u>			<input type="checkbox"/>			
Goods received in full without damage (unless endorsed)				Received by UTI				
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)				
<u>J B ENA DC</u>				<u>PHILANI</u>				
Date Received:		Time Received:		Date Received:		Time Received:		
<u>030418</u>		<u>1050M</u>		<u>020418</u>		<u>1431M</u>		
Signature <u>[Signature]</u>				Signature <u>[Signature]</u>				

Lithobon SJ (011) 474-1828 Version Control (10/2012) Suncouriers 1012