

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. 4260213973



SUBCD28945006

Sender's Details			Consignee's Details. Full Street Address Please					Mark Service Required	
Company Name <u>LE CREUSET HYDEPARK</u>			Company Name <u>LE CREUSET</u>					<input type="checkbox"/> Same Day	
Street Address <u>Shop 71 Upper mall</u>			Street Address <u>UNIT 5 Heron PARK</u>					<input type="checkbox"/> Express	
<u>HIDE PARK CORNER</u>			<u>OLIVE GROVE PARK</u>					<input type="checkbox"/> With Sunrise Option	
<u>CNR JAN SMUTS & 6th AVE</u>			Suburb <u>SOMERSET WEST</u>					<input type="checkbox"/> With Saturday Service	
Suburb <u>HIDE PARK</u>			City / Town <u>CAPE TOWN</u> Postal Code <u>8001</u>					<input type="checkbox"/> Public Holiday Service	
City / Town <u>JHB</u> Postal Code <u>2196</u>			Contact <u>JENNA</u>					<input checked="" type="checkbox"/> Economy	
Contact <u>01328-5606</u>			Phone <u>021 851 7176</u>					<input type="checkbox"/> After Hours	
Phone <u>PARCEL</u>			Destination Country					<input type="checkbox"/> BLNS	
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)		<input type="checkbox"/> Customs Tariff Lines		
Sender's Reference <u>UT10962599</u>			Analysis Code					<input type="checkbox"/> Depot Hand In	
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. <u>27766</u>			<input type="checkbox"/> Bill To Sender			<input type="checkbox"/> Consignee			<input type="checkbox"/> Other (Name Please)
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			Dimensions In Centimetres		HEIGHT		Mass (kg)		
NO. OF PARCELS			LENGTH		WIDTH		Original POD Required P.O. Box		
Goods received in full without damage (unless endorsed)									
Name Of Receiver (PLEASE PRINT CLEARLY)									
<u>ECUINO</u>									
Date Received:					Time Received:				
<u>050318</u>					<u>1025</u>				
Signature									
Received by UTI					Name Of Courier (PLEASE PRINT CLEARLY)				
					<u>SANST</u>				
Date Received:					Time Received:				
<u>050318</u>					<u>1600</u>				
Signature									

POD COPY

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