

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. 4250213873



|            |
|------------|
| ADDITIONAL |
| TRACKING   |
| NUMBERS    |

SUBCD29086847

POD COPY

**Sender's Details**

Company Name **LE CREUSET PAVILLION**  
 Street Address **JACK HARTENS DRIVE**  
**WESTVILLE**  
**DURBAN**  
 Suburb  
 City / Town **DUR** Postal Code **4000**  
 Contact **ZAMA / MOBILE**  
 Phone **031 265 8455**

**Consignee's Details. Full Street Address Please**

Company Name **Le Creuset SHOP 176 Canal**  
 Street Address **WALK Shopping Center,**  
**Century Boulevard**  
 Suburb **Century City Milnerdon**  
 City / Town [ ] Postal Code **7441**  
 Contact  
 Phone

**Mark Service Required**

Same Day  
 Express  
 With Sunrise Option  
 With Saturday Service  
 Public Holiday Service  
 Economy  
 After Hours

Destination Country: South Africa  Botswana Lesotho Namibia Swaziland Other (Please Specify)  
 Analysts Code

**SPECIAL INSTRUCTIONS**

Bill To:  Sender  Consignee  Other (Name Please)  
 To Account No. **027766**  
 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).

*[Signature]*  
 SENDER'S AUTHORISED SIGNATURE  
 DATE **29/12/17**

e-mail / Fax / Proof of delivery  e-mail Address / Fax Number

**Total Parcels**

**NO. OF PARCELS** **1 x BOX**

**Dimensions In Centimetres**  
 LENGTH WIDTH HEIGHT  
 Mass (kg)

**Goods received in full without damage (unless endorsed)**

Name Of Receiver (PLEASE PRINT CLEARLY)  
**ABBY (unpacked)**

Date Received:  
**04 01 18**

Time Received:  
**10 41 AM**

Signature

**Received by UTI**

Name Of Courier (PLEASE PRINT CLEARLY)  
**AFRON**

Date Received:  
**20 JAN 17**

Time Received:  
**4 2 21 51**

Signature *[Signature]*

UTISUN 516(11) 474-1820 Version Contact (102012) 30/03/014 10/12