

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
 Via UTI Sun Couriers
 PO Box 63, The Raeds 0051
 Tel (012) 673-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4290213673



SUBCD29086862

Sender's Details		Consignee's Details, Full Street Address Please		Mark Service Required	
Company Name: LE CREUSET PAVILLION		Company Name: LE CREUSET WATERCREST		<input type="checkbox"/> Same Day	
Street Address: JACK MARTENS DRIVE WESTVILLE DURBAN		Street Address: SHOP 4604 WATERCREST MALL INANDA ROAD DURBAN		<input type="checkbox"/> Express	
Suburb: DURBAN		Suburb: DURBAN		<input type="checkbox"/> With Sunrise Option	
City / Town: DUR	Postal Code: 4000	City / Town: DURBAN	Postal Code: 3652	<input type="checkbox"/> With Saturday Service	
Contact: RASHREE PRIGNA		Contact: SIPESANDE		<input type="checkbox"/> Public Holiday Service	
Phone: 031 265 8455		Phone: 031 7631525		<input checked="" type="checkbox"/> Economy	

Destination Country	<input checked="" type="checkbox"/> South Africa	<input type="checkbox"/> Botswana	<input type="checkbox"/> Lesotho	<input type="checkbox"/> Namibia	<input type="checkbox"/> Swaziland	Other (Please Specify)		
Sender's Reference						Analysis Code		

SPECIAL INSTRUCTIONS

Bill Charges To Account No: **027766**

Bill To Sender Consignee 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).

SENDER'S AUTHORIZED SIGNATURE: **[Signature]** DATE: **23/05/2018**

Total Parcels	NO. OF PARCELS	Dimensions In Centimetres			Mass (kg)
		LENGTH	WIDTH	HEIGHT	
1					

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY): **SIPESANDE**

Date Received: **240518** Time Received: **10:50**

Signature: **[Signature]**

Received by UTI

Name Of Courier (PLEASE PRINT CLEARLY): **AARON**

Date Received: **230518** Time Received: **16:20**

Signature: **[Signature]**

POD COPY

Lifeline SA (011) 414-1028 Verscom Control (020) 212-1012