

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4280213873



SUBBD22918657

SUBBDD22918657

11/11/11	347
11/11/11	348
11/11/11	349

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required											
Company Name	Adams Discount	Company Name	Le-Crauset	<input type="checkbox"/> Same Day											
Street Address	Detail Park	Street Address	Heron Park - Unit 81	<input type="checkbox"/> Express											
Suburb	Forest Rd Fourways	Suburb	Honeydew	<input type="checkbox"/> With Sunrise Option											
City / Town	JHB	City / Town	CPT	<input type="checkbox"/> With Saturday Service											
Postal Code		Postal Code		<input type="checkbox"/> Public Holiday Service											
Contact	011 4659283	Contact		<input checked="" type="checkbox"/> Economy											
Phone		Phone		<input type="checkbox"/> After Hours											
Destination Country	South Africa	Lesotho	Namibia	BLNS Customs Tariff											
Botswana	Swaziland	Other (Please Specify)		Depot Hand In											
Sender's Reference	01502917422	Analysis Code		Total Mass (Kg)											
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> If Consignee Or Other (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 DISTRIBUTION LIMITS ITS LIABILITY TO R 250.00 PER SHIPMENT. (SEE CLAUSE 12.5 OVERLEAF). IF YOU WISH UTI DISTRIBUTION TO ACCEPT A HIGHER LIABILITY THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSE 12.5, 12.6 AND 12.7 OVERLEAF).															
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number															
<table border="1"> <thead> <tr> <th>Total Parcels</th> <th>NO. OF PARCELS PER DIMENSIONS</th> <th>LENGTH (CM)</th> <th>WIDTH (CM)</th> <th>HEIGHT (CM)</th> </tr> </thead> <tbody> <tr> <td>5</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	5				
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)											
5															
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) MARENA			Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) LUBBER												
Date Received: 09/10/16			Date Received: 09/10/16												
Time Received: 09:30			Time Received: 11:00												
Signature: [Signature]			Signature: [Signature]												