

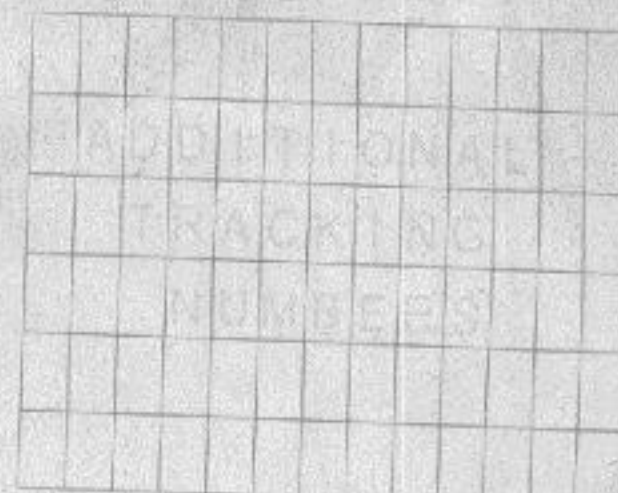
CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2900
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD23374682



POD COPY

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name	Pvt	Company Name	Le creuset	<input type="checkbox"/> Same Day	<input type="checkbox"/> Express
Street Address	14 Ladd rd	Street Address	Unit 5 Olive Grove The interchange of Glen park	<input type="checkbox"/> With Sunrise Option	<input type="checkbox"/> With Saturday Service
Suburb	Queensbargh	Suburb	Somerset west	<input type="checkbox"/> Public Holiday Service	<input type="checkbox"/> Economy
City / Town	Durban	City / Town	CPT	<input type="checkbox"/> After Hours	<input type="checkbox"/> BLNS Customs Tariff
Contact		Contact		<input type="checkbox"/> Depot Hand In	<input type="checkbox"/> BLNS Customs Tariff
Phone		Phone	021-8517178	<input type="checkbox"/> BLNS Customs Tariff	<input type="checkbox"/> BLNS Customs Tariff
Destination Country	South Africa	Destination Country	South Africa	<input type="checkbox"/> BLNS Customs Tariff	<input type="checkbox"/> BLNS Customs Tariff
Sender's Reference	4110441016	Sender's Reference	4110441016	<input type="checkbox"/> BLNS Customs Tariff	<input type="checkbox"/> BLNS Customs Tariff
SPECIAL INSTRUCTIONS		SPECIAL INSTRUCTIONS		<input type="checkbox"/> BLNS Customs Tariff	<input type="checkbox"/> BLNS Customs Tariff
Bill Charges To Account No	027877	Bill To	Sender	<input type="checkbox"/> BLNS Customs Tariff	<input type="checkbox"/> BLNS Customs Tariff
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).		If Consignee Or Other (Third Party) is Billed, Sender Remains Liable For Unpaid Charges.		<input type="checkbox"/> BLNS Customs Tariff	<input type="checkbox"/> BLNS Customs Tariff
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		<input type="checkbox"/> BLNS Customs Tariff	<input type="checkbox"/> BLNS Customs Tariff
Total Parcels	11	NO. OF PARCELS PER DIMENSIONS		<input type="checkbox"/> BLNS Customs Tariff	<input type="checkbox"/> BLNS Customs Tariff
LENGTH (CM)		WIDTH (CM)		<input type="checkbox"/> BLNS Customs Tariff	<input type="checkbox"/> BLNS Customs Tariff
HEIGHT (CM)				<input type="checkbox"/> BLNS Customs Tariff	<input type="checkbox"/> BLNS Customs Tariff
Goods received in full without damage (unless endorsed)		Received By UTI		<input type="checkbox"/> BLNS Customs Tariff	<input type="checkbox"/> BLNS Customs Tariff
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)		<input type="checkbox"/> BLNS Customs Tariff	<input type="checkbox"/> BLNS Customs Tariff
MARKCHALL		Ravin		<input type="checkbox"/> BLNS Customs Tariff	<input type="checkbox"/> BLNS Customs Tariff
Date Received:		Date Received:		<input type="checkbox"/> BLNS Customs Tariff	<input type="checkbox"/> BLNS Customs Tariff
01/6		29/01/6		<input type="checkbox"/> BLNS Customs Tariff	<input type="checkbox"/> BLNS Customs Tariff
Time Received:		Time Received:		<input type="checkbox"/> BLNS Customs Tariff	<input type="checkbox"/> BLNS Customs Tariff
0955		0940		<input type="checkbox"/> BLNS Customs Tariff	<input type="checkbox"/> BLNS Customs Tariff
Signature:		Signature:		<input type="checkbox"/> BLNS Customs Tariff	<input type="checkbox"/> BLNS Customs Tariff
				<input type="checkbox"/> BLNS Customs Tariff	<input type="checkbox"/> BLNS Customs Tariff