

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 83, The Pines 0061
Tel (012) 673-2300
Reg. No. 2004/0157476/7
VAT Reg. No. 4280213873



SUBBD22554882



| Sender's Details | | Consignee's Details. Full Street Address Please | | Mark Service Required | |
|--|--|--|--|---|--|
| Company Name: LE CREUSET SHOP UMD30A Street Address: CLEARWATER MALL CHRISTIAAN DE WET ROAD Suburb: City / Town: JNB Postal Code: 2001 Contact: LISA PILLAY Phone: 011 475 1202 | | Company Name: Street Address: 125 FIRST STREET PARK MORE LOWER SANDHURST Suburb: City / Town: JHB Postal Code: Contact: MBALEHLE MLOTSHWA Phone: 072 315 949 | | <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours <input type="checkbox"/> BLNS Customs Tariff <input type="checkbox"/> Depot Hand In | |
| Destination Country: South Africa Sender's Reference: UT10591731 | | Analysis Code: | | <input type="checkbox"/> BLNS Customs Tariff | |
| SPECIAL INSTRUCTIONS Bill Charges To Account No.: 027766 <input checked="" type="checkbox"/> Bill To Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) 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). | | | | | |
| Signature: [Signature] DATE: 31-10-16 | | SENDER'S AUTHORISED SIGNATURE | | | |
| Total Parcels: 1 | | NO. OF PARCELS PER DIMENSIONS: | | LENGTH (CM): | |
| WIDTH (CM): | | HEIGHT (CM): | | Total Mass (Kg): | |
| Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): ROBSON Date Received: 01/11/16 Time Received: 1400 Signature: [Signature] | | Received By UTI Name Of Courier (PLEASE PRINT CLEARLY): [Signature] Date Received: 31/10/16 Time Received: 1510 Signature: [Signature] | | | |