

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PQ Box 63, The Roods 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4250213873



SUBBD23683306

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name	LE CREUSET	Company Name	LE CREUSET	<input type="checkbox"/> Same Day	
Street Address	SHOP 312 CENTURIAN MALL	Street Address	UNIT 5 HERON PARK OLIVE GROVE INDUSTRIAL ESTATE	<input type="checkbox"/> Express	
Suburb	CENTURIAN	Suburb	OLD PAARDEVELL ROAD	<input type="checkbox"/> With Sunrise Option	
City / Town	PRETORIA	City / Town	SOMERSET WEST	<input type="checkbox"/> With Saturday Service	
Postal Code	0157	Postal Code	7129	<input type="checkbox"/> Public Holiday Service	
Contact	SISA	Contact	Jenna	<input checked="" type="checkbox"/> Economy	
Phone	012 004 217	Phone	021 851 7178	<input type="checkbox"/> After Hours	
Destination Country		South Africa		<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference		UT18551494		<input type="checkbox"/> Depot Hand In	
SPECIAL INSTRUCTIONS Bill Charges To Account No. <u>27766</u> Bill To <input checked="" 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		SENDER'S AUTHORISED SIGNATURE <u>[Signature]</u> DATE <u>01/11/2017</u>	
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)
1	Box				
Goods received in full without damage (unless endorsed)			Received By UTI		
Name Of Receiver (PLEASE PRINT CLEARLY)			Name Of Courier (PLEASE PRINT CLEARLY)		
ELUINO			[Signature]		
Date Received:			Date Received:		
03/11/17			01/11/17		
Time Received:			Time Received:		
1105			1127		
Signature:			Signature:		

Version Control (09/2010)