

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
t/a UTI Sun Couriers  
PO Box 63, The Reeds 0081  
Tel (012) 673-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4280213873



SUBBD21321271

ADDITIONAL					
TRACKING					
NUMBERS					

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Le Creuset</u>		Company Name <u>Le Creuset</u>				<input checked="" type="checkbox"/> Same Day	
Street Address <u>Shop 71</u>		Street Address <u>Shop L339</u>				<input type="checkbox"/> Express	
<u>upper mall</u>		<u>5th and Rivonia Street</u>				<input type="checkbox"/> With Sunrise Option	
<u>Hyde park corner</u>		<u>Sandton</u>				<input type="checkbox"/> With Saturday Service	
Suburb		Suburb				<input type="checkbox"/> Public Holiday Service	
City / Town <u>JOHannesburg</u>		City / Town <u>JOHannesburg</u>				<input checked="" type="checkbox"/> Economy	
Postal Code <u>2196</u>		Postal Code <u>2196</u>				<input type="checkbox"/> After Hours	
Contact <u>Patricia</u>		Contact <u>Mbali</u>				<input type="checkbox"/> BLN Customs Tariff	
Phone <u>(011) 325 5606</u>		Phone <u>(011) 784 0301</u>					
Destination Country		South Africa		Botswana		Lesotho	
		Namibia		Swaziland		Other (Please Specify)	
Sender's Reference				Analysis Code			
<b>SPECIAL INSTRUCTIONS</b> Bill Charges <input type="checkbox"/> To Account No. <input type="checkbox"/> 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 SUN COURIERS LIMITS ITS LIABILITY TO R 250.00 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).							
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number						Original POD Required P.O. Box	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
1		1					
						HEIGHT (CM)	
						Total Mass (Kg)	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>Sabrina</u>				Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) <u>Russel</u>			
Date Received: <u>06/01/17</u>				Date Received: <u>06/01/17</u>			
Time Received: <u>0933</u>				Time Received: <u>1140</u>			
Signature:				Signature:			