

# CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
 via UTI Distribution  
 PO Box 53, The Rends 0081  
 Tel: (012) 673-2000  
 Reg. No. 2004/015742/07  
 VAT Reg. No. 4280215872



SUBBD22032330


PROD COPY

Sender's Details				Consignee's Details, Full Street Address Please				Mark Service Required	
Company Name <b>LE CREUSET- Mail Of The</b>				Company Name <b>La Creuset Cleanwater</b>				<input checked="" type="checkbox"/> Same Day	
Street Address <b>SIDP 6062</b>				Street Address <b>Shop Um030A</b>				<input type="checkbox"/> Express	
<b>CNI KLIPRIVIER DR</b>				<b>Cleanwater Mall</b>				<input type="checkbox"/> With Sunrise Option	
<b>6 SWARTKOPPIES ROAD</b>				<b>Christian De Wet Road</b>				<input type="checkbox"/> With Saturday Service	
Suburb <b>ASPENHILLS</b>				Suburb				<input type="checkbox"/> Public Holiday Service	
City/Town <b>JNB</b>		Postal Code <b>2001</b>		City/Town <b>Johannesburg</b>		Postal Code <b>2001</b>		<input checked="" type="checkbox"/> Economy	
Contact <b>111 EN SEROTO</b>				Contact <b>111 EN SEROTO</b>				<input type="checkbox"/> After Hours	
Phone <b>010 500 0223</b>				Phone <b>011 475 1201</b>				<input type="checkbox"/> BLS Customs Tariff	
Destination Country		South Africa		Lesotho		Namibia		Sudan	
		Botswana						Other (Please Specify)	
Sender's Reference <b>UTI</b>				Analysis Code				<input type="checkbox"/> Copet Hand In	
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <b>027766</b> Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Please Specify) <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 12.4 OVERLEAF). GOODS ARE SHIPPED AT OWNER'S RISK, SUBJECT TO CONTRACT FOR DAMAGE OVERLEAF. UTI DISTRIBUTION LIMITS ITS LIABILITY TO R 200.00 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 SINCE 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				Total Mass (Kg)	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
<div></div>									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>LISA</b>					Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) <b>BAKSL</b>				
Date Received <b>24 08 17</b>					Date Received <b>23 08 17</b>				
Time Received <b>12 40</b>					Time Received <b>1 430</b>				
Signature: <b>[Signature]</b>					Signature: <b>[Signature]</b>				