

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 63, The Reads 0061
Tel (012) 873-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4280213873



SUBBD23490505

SUBHT06718897

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 117	Street Address	Shop 117	<input type="checkbox"/> Express	
	Bedford Centre		Cresta Shopping Centre	<input type="checkbox"/> With Sunrise Option	
	Bedfordview		Boyers Naude Drive	<input type="checkbox"/> With Saturday Service	
Suburb	Johannesburg	Suburb	Cresta	<input type="checkbox"/> Public Holiday Service	
City / Town	JHB	City / Town	Johannesburg	<input checked="" type="checkbox"/> Economy	
Postal Code	2007	Postal Code	2021	<input type="checkbox"/> After Hours	
Contact	Mila	Contact	Zanele	<input type="checkbox"/> BLNS Customs Tariff	
Phone	011 615 1923	Phone	011 476 6010	<input type="checkbox"/> Depot Hand In	
Destination Country	South Africa	<input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)		<input type="checkbox"/>	
Sender's Reference	UT / 5167698	Analysis Code		<input type="checkbox"/>	
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 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 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 AUTHORIZED SIGNATURE: <i>[Signature]</i> DATE: 29.12.2016	
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)
2					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) TEBOGO Date Received: 30/12/16 Time Received: 11:04 Signature: <i>[Signature]</i>					
Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) TEBOGO Date Received: 29/12/16 Time Received: 22:00 Signature: <i>[Signature]</i>					

POD COPY

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