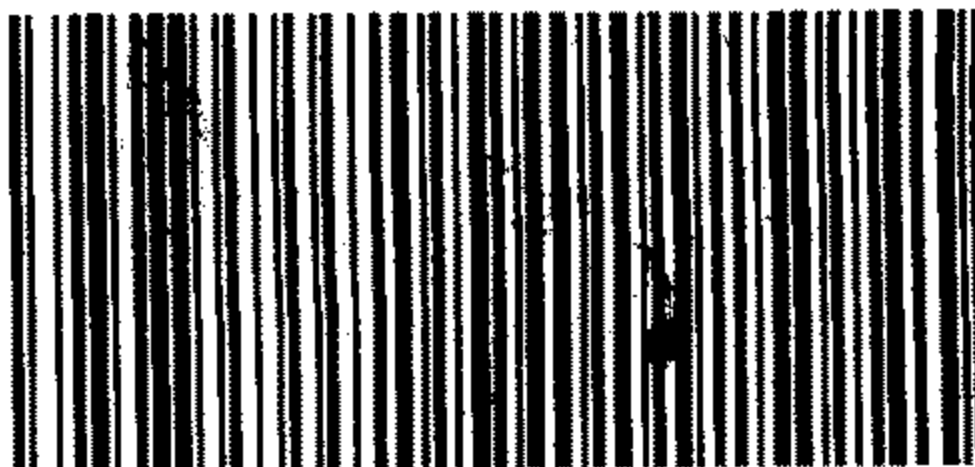


CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD24399849

✓

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name PVT		Company Name Le Cueset				<input type="checkbox"/> Same Day	
Street Address S. Sneeubloem		Street Address Unit 5 Milleran Park				<input type="checkbox"/> Express	
Suburb Jukska Park		Suburb Drive Group Industrial Park, Olaf Mardevle, K1				<input type="checkbox"/> With Sunrise Option	
City / Town JHB		City / Town Cape Town				<input type="checkbox"/> With Saturday Service	
Postal Code		Postal Code 7130				<input type="checkbox"/> Public Holiday Service	
Contact Chanel		Contact Mary				<input checked="" type="checkbox"/> Economy	
Phone 085 4433 772		Phone 021 351 7179				<input type="checkbox"/> After Hours	
Destination Country		(Please Specify)				<input type="checkbox"/> BLNS Customs Tariff	
South Africa		Botswana				<input type="checkbox"/> Depot Hand In	
Lesotho		Namibia				<input type="checkbox"/>	
Swaziland		Other				<input type="checkbox"/>	
Sender's Reference		Analysis Code				<input type="checkbox"/>	
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027877 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).							
SENDER'S AUTHORISED SIGNATURE [Signature] DATE 20/01/17							
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number							
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
1							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) ECV/MO							
Date Received: 28/01/17				Time Received: 10/18			
Signature: [Signature]							
Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) EMMANUEL							
Date Received: 20/01/17				Time Received: 1530			
Signature: [Signature]							