

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 63 The Reeds 0091
Tel: (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260215873



SUBBD24347040



| Sender's Details | | Consignee's Details. Full Street Address Please | | Mark Service Required | |
|--|---------------------------------|---|---|------------------------|-------------|
| Company Name | Le Creuset Nicolway | Company Name | Le Creuset SA | Same Day | |
| Street Address | Shop L21 William Nicol Drive | Street Address | Unit 5 Heron park Drive Grove Business park Old paddersley Road | Express | |
| Suburb | Bryanston | Suburb | Somerwest | With Sunrise Option | |
| City / Town | JHB | City / Town | CPT | With Saturday Service | |
| Contact | Phindile | Contact | Franci | Public Holiday Service | |
| Phone | 011 706 2198 | Phone | 021 851 7178 | Economy X | |
| Destination Country | South Africa | Other | | After Hours | |
| Sender's Reference | UTI 6773274 | | Analysis Code | | |
| SPECIAL INSTRUCTIONS Bill Charges To Account No. <input type="checkbox"/> Bill To <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> 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: | | | | | |
| Total Parcels | | NO. OF PARCELS PER DIMENSIONS | LENGTH (CM) | WIDTH (CM) | HEIGHT (CM) |
| XI | | Box | | | |
| Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) ECUV / MO Date Received: 06/01/17 Time Received: 0940 Signature: | | | Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) Date Received: 12/01/17 Time Received: 1530 Signature: | | |

POD COPY

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