

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
t/a UTI Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 873-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4260213873



SUBBD23817543



Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>LE CREUSET DBN</b>		Company Name <b>LE CREUSET CPT</b>				<input type="checkbox"/> Same Day	
Street Address <b>SHOP UL 262 PAVILION SHOPPING CENTER JACK MAARTENS DRIVE</b>		Street Address <b>UNIT 5 HERON PARK OLIVE GROVE OLD PAARDEVLEI ROAD</b>				<input type="checkbox"/> Express	
Suburb <b>WESTVILLE</b>		Suburb <b>SOMERSET WEST</b>				<input type="checkbox"/> With Sunrise Option	
City / Town <b>DURBAN</b> Postal Code <b>4000</b>		City / Town <b>CAPE TOWN (CPT)</b> Postal Code <b>8000</b>				<input type="checkbox"/> With Saturday Service	
Contact <b>RACHAEE</b>		Contact <b>SENTRA FRANCHI</b>				<input type="checkbox"/> Public Holiday Service	
Phone <b>031 265 8455</b>		Phone <b>021 851 7178</b>				<input checked="" type="checkbox"/> Economy	
Destination Country <input type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify) <b>FRANCIA</b>						<input type="checkbox"/> After Hours	
Sender's Reference		Analysis Code				<input type="checkbox"/> BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <b>027756</b>		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.			
<p>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).</p>							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE		DATE <b>26/02/2018</b>	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
<b>1</b>		<b>Box</b>					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>NASA</b>				Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) <b>ACRON</b>			
Date Received: <b>01/03/18</b>				Date Received: <b>07/02/18</b>			
Time Received: <b>09:30</b>				Time Received: <b>1645</b>			
Signature:				Signature:			

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