



CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 63, The Reeds 0061
Tel (012) 675-2030
Reg. No. 2004/01574/037
VAT Reg. No. 4260213873



SUBBD22475592

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: Quilon Technology Group		Company Name: Le Crouset Hyde Park				<input type="checkbox"/> Same Day	
Street Address: Unit 13, Floor 2, Tiger Chambers II, Willie van Schoor Ave		Street Address: Shop 71, Hyde Park Corner, Cnr Jan Smuts & 6th Ave,				<input type="checkbox"/> Express	
Suburb: Tyger Valley		Suburb: Hyde Park				<input type="checkbox"/> With Sunrise Option	
City / Town: CT	Postal Code: 7530	City / Town: JHB	Postal Code: 2196			<input type="checkbox"/> With Saturday Service	
Contact: Emile		Contact: mitche				<input type="checkbox"/> Public Holiday Service	
Phone: 021 300 1777		Phone: 011 325 606				<input type="checkbox"/> Economy	
Destination Country: South Africa		<input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)				<input type="checkbox"/> After Hours	
Sender's Reference: [] [] [] [] [] [] [] [] [] []		Analysis Code: [] [] [] [] [] [] [] [] [] []				<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS Bill Charges To Account No: 02 7 76 6 Bill To <input type="checkbox"/> Sender 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 12.6 AND 12.7 OVERLEAF).							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		SENDER'S AUTHORIZED SIGNATURE: 		DATE: 04/08/2016	
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)	
1							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): Jessica				Received By UTI Name Of Courier (PLEASE PRINT CLEARLY): Asista			
Date Received: 100816		Time Received: 1100		Date Received: 050816		Time Received: 1635	
Signature: 				Signature: 