


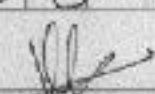
# CONTRACT FOR CARRIAGE / DISPATCH NOTE



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. 4260219879



SUBBD23133217


<b>Sender's Details</b> Company Name: <b>LE CREUSET</b> Street Address: <b>MALL OF THE SOUTH</b> <b>SHOP G062</b> <b>CNR KLIPREVIEW DR &amp; SWARTKOP</b> Suburb: <b>ASPENHILLS JHB</b> City / Town: <b>JNB</b> Postal Code: <b>2001</b> Contact: <b>ELLEN SEROTO</b> Phone: <b>010 500 0223</b>		<b>Consignee's Details. Full Street Address Please</b> Company Name: <b>LE CREUSET Clearwater</b> Street Address: <b>Shop um 030A</b> <b>Christiaan De Wet Road</b> Suburb: <b>Rondepoort</b> City / Town: <b>JHB</b> Postal Code: <b>2001</b> Contact: <b>LISA</b> Phone: <b>011 475 1202</b>		Mark Service Required <input checked="" type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> After Hours BLNS Customs Tariff Depot Hand In
Destination Country: <b>South Africa</b>		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/>		
Sender's Reference: <b>UT19182677</b>		Analysis Code:		
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No: <b>027766</b> Bill To <input checked="" 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 AUTHORISED SIGNATURE:  DATE: <b>16/08/2016</b>		Total Mass (Kg)
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <b>R. NEL</b> Date Received: <b>17/08/16</b> Time Received: <b>11:32</b> Signature: 				
Received By UTI Name Of Courier (PLEASE PRINT CLEARLY): <b>MANOLA</b> Date Received: <b>16/08/16</b> Time Received: <b>14:50</b> Signature: 