

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
 U/a UTI Distribution
 PO Box 83, The Reeds 0081
 Tel: (012) 875 2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4260213873



SUBBD23455145

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name	ST Wilson	Company Name	LE CREUSET			<input type="checkbox"/> Same Day	
Street Address	Suite 7 3 Flinders Drive	Street Address	Unit 5 Heron Park Olive Grove Industrial Somerset West			<input type="checkbox"/> Express	
Suburb		Suburb				<input type="checkbox"/> With Sunrise Option	
City / Town	New	City / Town	CPT	Postal Code	7130	<input type="checkbox"/> With Saturday Service	
Contact	Sandra	Contact	MART			<input type="checkbox"/> Public Holiday Service	
Phone	082 6555 435	Phone	021-851 7178			<input checked="" type="checkbox"/> Economy	
Destination Country	South Africa	Lesotho	Namibia	Swaziland	Other	<input type="checkbox"/> After Hours	
Sender's Reference	UT19139875				<input type="checkbox"/> BLNS Customs Tariff		
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027 877 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).							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		SENDER'S AUTHORIZED SIGNATURE: <i>Mabusha</i>		DATE: 16/8/2016	
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) MARCHALL				Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) LEMM			
Date Received: 18/08/16		Time Received: 09:50		Date Received: 16/08/16		Time Received: 16:32	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

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