

# CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
 c/o UTI Distribution  
 PO Box 613, The Rends 0061  
 Tel (012) 873-2000  
 Reg. No. 2004/015747/07  
 VAT Reg. No. 4260213873



SUBBD22087622

SUBMT08520480

SUBMT08520489

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name <b>LE CREUSET CENTURION MA SHOP 312E</b> Street Address <b>UPPER LEVEL</b> <b>HEUWEL AVENUE</b> Suburb <b>CENTURION</b> City/Town <b>PTA</b> Postal Code <b>0046</b> Contact <b>SEVARIAN</b> Phone <b>012 004 0217</b>		Company Name <b>Le Creuset Nicolway</b> Street Address <b>Shop L21, Nicolway Shopping Centre, William Nicol Drive Bryanston</b> Suburb <b>Johannesburg</b> Postal Code <b>2191</b> Contact <b>Stephani</b> Phone <b>011 706 2198</b>		<input 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"/> Economy <input type="checkbox"/> After Hours	
Destination Country <b>South Africa</b>		(Please Specify) <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Switzerland <input type="checkbox"/> Other		<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference <b>UT1 9427923</b>		Analysis Code		<input type="checkbox"/> Depot Hand In	
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No <b>027766</b> Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)					
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 <b>10</b>		NO. OF PARCELS PER DIMENSIONS LENGTH (CM) <b>30</b> WIDTH (CM) <b>10</b> HEIGHT (CM) <b>10</b>		Total Mass (Kg)	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>Felicitat</b> Received: <b>10816</b> Time Received: <b>0959</b>					
Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) <b>Felicitat</b> Date Received: <b>300816</b> Time Received: <b>1121</b> Signature:					

POD COPY