

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 63, The Reads 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD23133221

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name	LE CREUSET MAIL OF THE SOUTH	Company Name	LE CREUSET CRESTA	<input type="checkbox"/> Same Day	
Street Address	SHOP G062	Street Address	Shop 44, Cresta Shopping Centre.	<input type="checkbox"/> Express	
	CNR KLIPREVIEW DR & SWARTKOP		BEYERS NAUDE DRIVE	<input type="checkbox"/> With Sunrise Option	
Suburb	ASPENHILLS JHB	Suburb	CRESTA	<input type="checkbox"/> With Saturday Service	
City / Town	JNB	City / Town	JHB	<input type="checkbox"/> Public Holiday Service	
Postal Code	2001	Postal Code	2001	<input type="checkbox"/> Economy	
Contact	ELLEN SEROTO	Contact	ZANELE	<input type="checkbox"/> After Hours	
Phone	010 500 0223	Phone	011 476 6010	<input type="checkbox"/> BLNS Customs Tariff	
Destination Country	South Africa			<input type="checkbox"/> Depot Hand In	
Sender's Reference	UT19337965	Analysis Code			
SPECIAL INSTRUCTIONS					
Bill Charges To Account No.	027766	Bill To:	Consignee <input checked="" type="checkbox"/>	Other (Name Please)	
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		Total Mass (Kg)	
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	
Goods received in full without damage (unless endorsed)				Received By UTI	
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)	
M. CHELLE				MANALA	
Date Received:		Time Received:		Date Received:	
250816		1124		220816	
Signature: <i>Bale</i>				Signature: <i>M</i>	

POD COPY

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