

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. 4260213873



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| Sender's Details | | Consignee's Details. Full Street Address Please | | | | Mark Service Required | |
|--|--|--|--|-------------|--|---|--|
| Company Name THE GOURMET BUSHIE Street Address CNR MINUTES & KRUGER STREET Suburb DENVER City / Town JHB Postal Code 2011 Contact STERNIN SEAN WEAICH Phone * 081 303 5530 | | Company Name LE CREUSET Street Address Suburb City / Town CAPE TOWN Postal Code Contact Phone (Please Specify) | | | | Same Day Express With Sunrise Option With Saturday Service Public Holiday Service Economy After Hours BLNS Customs Tariff Depot Hand in | |
| Destination Country South Africa Botswana Lesotho Namibia Swaziland Other Sender's Reference | | Analysis Code | | | | Total Mass (Kg) | |
| SPECIAL INSTRUCTIONS Bill Charges To Account No. Bill To: <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input 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 Parcels 1 | | 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) Date Received: 200916 Time Received: 0920 Signature: <i>[Signature]</i> | | | | | |
| Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) Date Received: 220916 Time Received: 115300 Signature: <i>[Signature]</i> | | | | | | Total Mass (Kg) | |

POD COPY

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