

Bedford Cooking demo (DN)

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 83, The Reeds 0081
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD23490614

SUBHT 06718834
ADDITIONAL
TRACKING
NUMBERS

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: <u>Le Creuset</u>		Company Name: <u>Le Creuset</u>				<input type="checkbox"/> Same Day	
Street Address: <u>Bedford Centre Shop 417</u>		Street Address: <u>Unit 5 Heron Park Olive Grove Industrial Estate</u>				<input type="checkbox"/> Express	
Suburb: <u>Cnr Smith and Vanderlinde Bedfordview</u>		Suburb: <u>Old PAARdevlei rd. Somerset West</u>				<input type="checkbox"/> With Sunrise Option	
City/Town: <u>JHB</u> Postal Code: <u>2002</u>		City/Town: <u>Cape Town</u> Postal Code: <u>7130</u>				<input type="checkbox"/> With Saturday Service	
Contact: <u>Mila</u>		Contact: <u>Lauren, Francis</u>				<input type="checkbox"/> Public Holiday Service	
Phone: <u>011 6151923</u>		Phone: <u>021 8514142</u>				<input checked="" type="checkbox"/> Economy	
Destination Country: <u>South Africa</u>		Other: <u>(Please Specify)</u>				<input type="checkbox"/> After Hours	
Sender's Reference: <u>UTI 0441551</u>		Analysis Code: <u> </u>				<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <u>027766</u>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other <input type="checkbox"/> (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		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
1							
Goods received in full without damage (unless endorsed)				Received By UTI			
Name Of Receiver (PLEASE PRINT CLEARLY) <u>ELVINO</u>				Name Of Courier (PLEASE PRINT CLEARLY) <u>TLOOL</u>			
Date Received: <u>090218</u>		Time Received: <u>0940</u>		Date Received: <u>070218</u>		Time Received: <u>1030</u>	
Signature:				Signature:			

POD COPY

Mark Service Required	
<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	
<input type="checkbox"/> BLNS Customs Tariff	
<input type="checkbox"/> Depot Hand In	
Total Mass (Kg)	

Version Control: 08/2010