

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
 Via UTI Sun Couriers
 PO-Box 63, The Reeds 0061
 Tel (012) 673-2000
 Reg. No. 2004/315/47/07
 VAT Reg. No. 4260213973



SUBBD21321253

ADDITIONAL					
TRACKING					
NUMBERS					

Sender's Details Company Name: <u>LE CREUSET</u> Street Address: <u>SHOP 71</u> <u>UPPER MALL</u> <u>JAN SMUTS AVENUE</u> Suburb: <u>HYDE PARK</u> City/Town: <u>JHB</u> Postal Code: _____ Contact: <u>PATRICIA</u> Phone: <u>011 325 5606</u>		Consignee's Details. Full Street Address Please Company Name: <u>LE CREUSET</u> Street Address: <u>SHOP 312 E</u> <u>CENTURION MALL</u> <u>HEUNEL AVENUE</u> Suburb: <u>CENTURION</u> City/Town: <u>PRETORIA</u> Postal Code: <u>0157</u> Contact: <u>LETYKA</u> Phone: <u>084 496 6005</u>		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	
Destination Country: <input type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)		Sender's Reference: _____ Analysis Code: _____			
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 SUN COURIERS LIMITS ITS LIABILITY TO R 250.00 PER SHIPMENT. (SEE CLAUSE 12.5 OVERLEAF). IF YOU WISH UTI SUN COURIERS TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSES 12.5, 12.6 AND 12.7 OVERLEAF).					
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number _____		SENDER'S AUTHORISED SIGNATURE: <u>Stouze</u> DATE: <u>03/04/18</u>			
Total Parcels: <u>1</u>	NO. OF PARCELS PER DIMENSIONS: <u>1 BOX</u>	LENGTH (CM): _____	WIDTH (CM): _____	HEIGHT (CM): _____	Total Mass (Kg): _____
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>Koketso</u> Date Received: <u>04 04 18</u> Time Received: <u>14:54</u> Signature: <u>[Signature]</u>		Received By UTI Name Of Courier (PLEASE PRINT CLEARLY): <u>[Signature]</u> Date Received: <u>03 04 18</u> Time Received: <u>16:00</u> Signature: <u>[Signature]</u>			

POD COPY

Version 1.0 (Rev 2011)