

**CONTRACT FOR CARRIAGE / DISPATCH NOTE**



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



**SUBBD21321257**

ADDITIONAL
TRACKING
NUMBERS

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name: <b>LE CREUSET</b>	Company Name: <b>LE CREUSET</b>	Street Address: <b>SHOP 71</b>	Street Address: <b>UNIT 5 HERON PARK</b>
Street Address: <b>UPPER MALL 6<sup>th</sup> AVENUE</b>	Street Address: <b>OLIVE GROVE, INDUSTRIAL ESTATE</b>	Suburb: <b>JAN SMUTS AVENUE</b>	Suburb: <b>OLD PAARVLEI ROAD</b>
Suburb: <b>HIDE PARK</b>	Suburb: <b>SOMERSET WEST</b>	City/Town: <b>RANDBURG</b>	City/Town: <b>CAPE TOWN</b>
Contact: <b>PATRICIA</b>	Contact: <b>VICKY</b>	Phone: <b>011 325 5606</b>	Phone: <b>021 851 7178</b>

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS Customs Tariff

Destination Country: South Africa, Botswana, Lesotho, Namibia, Swaziland, Other (Please Specify)

Sender's Reference: **UT11993279** Analysis Code: \_\_\_\_\_

**SPECIAL INSTRUCTIONS**

Bill Charges To Account No. **027766** Bill To:  Sender  Consignee  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).

**Signature** *[Signature]* **DATE** **16/04/18**

SENDER'S AUTHORISED SIGNATURE

Depot Hand In

Original POD Required P.O. Box

e-mail / Fax / Proof of Delivery  e-mail Address / Fax Number \_\_\_\_\_

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)
<b>1</b>	<b>17x4x4</b>				

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY): **J BENADE**

Date Received: **17 04 18** Time Received: **10 56**

Signature: *[Signature]*

Received By UTi

Name Of Courier (PLEASE PRINT CLEARLY): **[Signature]**

Date Received: **16 04 18** Time Received: **16 00**

Signature: *[Signature]*

Version Control (05/2010)