

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



SUBBD22731784

ADDITIONAL									
TRACKING									
NUMBERS									

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET -MALL OF AFR SHOP 2040		Company Name LE CREUSET UNIT 5- HERON PARK				<input type="checkbox"/> Same Day	
Street Address CNR ALLENDALE ROAD & BEN SCHEDEMAN HIGHWAY		Street Address OLIVE GROVE IND. ESTATE OLD PAARDEVLEI ROAD				<input checked="" type="checkbox"/> Express	
Suburb WATERFALL ESTATE		Suburb SOMERSET WEST				<input type="checkbox"/> With Sunrise Option	
City / Town MID Postal Code 2066		City / Town SOMERSET WEST (SSW) Postal Code 7130				<input type="checkbox"/> With Saturday Service	
Contact CASSANDRA Phone 011 568 2097		Contact MITCHELL VAN ZYL Lisa Phone 021 851 7178				<input type="checkbox"/> Public Holiday Service	
Destination Country		Other (Please Specify)				<input type="checkbox"/> Economy	
South Africa						<input type="checkbox"/> After Hours	
Botswana						BLNS Customs Tariff	
Lesotho						Depot Hand In	
Namibia							
Swaziland							
Analysis Code						Total Mass (Kg)	

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 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).

SENDER'S AUTHORIZED SIGNATURE DATE **01/08/18**

e-mail / Fax / Proof of Delivery e-mail Address / Fax Number _____

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT(CM)
01				

Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) J BENADE		Received By UTi Name Of Courier (PLEASE PRINT CLEARLY) 	
Date Received: 020818		Date Received: 020818	
Time Received: 1021		Time Received: 1540	
Signature:		Signature:	

POD COPY