

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
 1/4 UTI Distribution
 PO Box 53, The Reeds 0061
 Tel (012) 673-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4260213973



SUBBD23371141

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>SHOP 71 UPPER Mall</u>		Street Address: <u>SHOP 202A</u>					<input type="checkbox"/> Express			
<u>HYDE CORNER PARK CIR</u>		<u>ROSEBANK MALL</u>					<input type="checkbox"/> With Sunrise Option			
<u>C/O JAN SMUTS 6th Avenue</u>		<u>50 BATCH AVENUE</u>					<input type="checkbox"/> With Saturday Service			
Suburb: <u>HYDE PARK</u>		Suburb: <u>ROSEBANK</u>					<input type="checkbox"/> Public Holiday Service			
City/Town: <u>JHB</u> Postal Code: <u>2196</u>		City/Town: <u>JHB</u> Postal Code: <u>2196</u>					<input checked="" type="checkbox"/> Economy			
Contact: <u>011 325 5606</u>		Contact: <u>ELLEN</u>					<input type="checkbox"/> After Hours			
Phone: <u>PATRICIA</u>		Phone: <u>011 568 4745</u>					<input type="checkbox"/> BLNS Customs Tariff			
Destination Country: <u>South Africa</u>		Destination Country: <u>South Africa</u>					<input type="checkbox"/> Depot Hand In			
Sender's Reference: <u>UT12457044</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 (Name Please) <input type="checkbox"/>				
IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER. (SEE CLAUSE 12.4 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)		HEIGHT (CM)		
<u>1 BOX</u>		<u> </u>		<u> </u>		<u> </u>		<u> </u>		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>THANDINE</u>					Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) <u>HRIS</u>					
Date Received: <u>16 05 18</u>		Time Received: <u>01 01</u>			Date Received: <u>16 05 18</u>			Time Received: <u>14 57</u>		
Signature: <u>Mawla</u>					Signature: <u>HRIS</u>					

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Version Control (05/2010)