

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



SUBBD23490596

Damages

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <i>Le Creuset</i>				Company Name <i>Le Creuset</i>				<input type="checkbox"/> Same Day	
Street Address <i>Bedford Centre</i>				Street Address <i>Unit 5 Heron Park</i>				<input type="checkbox"/> Express	
<i>Shop U17</i>				<i>Olive Grove Industrial Estate</i>				<input type="checkbox"/> With Sunrise Option	
Cnr. <i>Smith and Vander Linde</i>				<i>Old Paardevlei Rd.</i>				<input type="checkbox"/> With Saturday Service	
Suburb <i>Bedfordview</i>				Suburb <i>SOMERSET WEST</i>				<input type="checkbox"/> Public Holiday Service	
City / Town <i>JHB</i>		Postal Code <i>2008</i>		City / Town <i>Cape Town</i>		Postal Code <i>7130</i>		<input checked="" type="checkbox"/> Economy	
Contact <i>Mila</i>				Contact <i>Jenna (damages)</i>				<input type="checkbox"/> After Hours	
Phone <i>(011) 615 1923</i>				Phone <i>021 8517178</i>				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country		South Africa		Botswana		Lesotho		Namibia	
Swaziland		Other		(Please Specify)					
Sender's Reference <i>UT1 9711723</i>				Analysis Code					
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. <i>029766</i>		Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>			
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).									
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)	
1									
Goods received in full without damage (unless endorsed)					Received By UTi				
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)				
<i>Mila</i>					<i>Play</i>				
Date Received:		Time Received:			Date Received:		Time Received:		
<i>08 01 18</i>		<i>08:20</i>			<i>08 01 18</i>		<i>1:08</i>		
Signature: <i>[Signature]</i>					Signature: <i>[Signature]</i>				

POD COPY

Version Control (06/2010)

Cancel *08.01.2018*
SENDER'S AUTHORISED SIGNATURE DATE

Total Mass (Kg)