

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



SUBBD23490600

POD COPY

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 Shop u 17</i>			Street Address <i>Unit 5 Heron Park Olive Grove Industrial Estate</i>						<input checked="" type="checkbox"/> Express		
<i>nr. Smith and Vonderlinde</i>			<i>Del Paardevlei rd.</i>						<input type="checkbox"/> With Sunrise Option		
Suburb <i>Bedfordview</i>			Suburb <i>Southern West</i>						<input type="checkbox"/> With Saturday Service		
City / Town <i>JHB</i> Postal Code <i>2008</i>			City / Town <i>Cape Town</i> Postal Code <i>7130</i>						<input type="checkbox"/> Public Holiday Service		
Contact <i>Mila</i>			Contact <i>Lisa</i>						<input type="checkbox"/> Economy		
Phone <i>011 6151923</i>			Phone <i>021 8517172</i>						<input type="checkbox"/> After Hours		
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)									<input type="checkbox"/> BLNS Customs Tariff		
Sender's Reference <i>UT1 0241036</i>			Analysis Code						<input type="checkbox"/> Depot Hand In		
SPECIAL INSTRUCTIONS											
Bill Charges To Account No. <i>027766</i>			Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>							<input type="checkbox"/>	
IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER. (SEE CLAUSE 12.14 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 Mass (Kg)	
Total Parcels											
		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)			
<i>11</i>											
Goods received in full without damage (unless endorsed)						Received By UTi					
Name Of Receiver (PLEASE PRINT CLEARLY)						Name Of Courier (PLEASE PRINT CLEARLY)					
<i>LISA</i>						<i>UTI</i>					
Date Received:			Time Received:			Date Received:			Time Received:		
<i>310118</i>			<i>1019</i>			<i>300118</i>			<i>1350</i>		
Signature: <i>Milbeer</i>						Signature: <i>[Signature]</i>					