

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
t/a UTI Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 873-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4260213673



SUBBD23683313


Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required	
Company Name <b>Le Creuset</b>		Company Name <b>Le Creuset V&amp;A Waterfront</b>					<input type="checkbox"/> Same Day	
Street Address <b>Shop 312 E</b>		Street Address <b>V&amp;A Waterfront Shop 6167</b>					<input type="checkbox"/> Express	
<b>Centurion Mall</b>		<b>Victoria Wharf Centre</b>					<input type="checkbox"/> With Sunrise Option	
<b>Heunel Avenue</b>							<input type="checkbox"/> With Saturday Service	
Suburb <b>Centurion</b>		Suburb <b>Cape Town</b>					<input type="checkbox"/> Public Holiday Service	
City / Town <b>Pretoria</b> Postal Code <b>0157</b>		City / Town <b>Cape Town</b> Postal Code <b>8001</b>					<input checked="" type="checkbox"/> Economy <input checked="" type="checkbox"/>	
Contact <b>Sisa</b>		Contact <b>Cindy</b>					<input type="checkbox"/> After Hours	
Phone <b>012 004 0217</b>		Phone <b>021 421 8521</b>					BLNS Customs Tariff	
Destination Country <input checked="" type="checkbox"/> South Africa <input checked="" type="checkbox"/> Botswana		Lesotho Namibia Swaziland Other (Please Specify)					Depot Hand In	
Sender's Reference <b>UT19995406</b>		Analysis Code						
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <b>027766</b> Bill To <input type="checkbox"/> 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).								
SENDER'S AUTHORISED SIGNATURE						DATE <b>19.01.2018</b>		
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)			
<b>1</b>		<b>BOX</b>						
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>MANDIPHA</b>				Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) 				
Date Received: <b>220118</b>		Time Received: <b>1702</b>		Date Received: <b>190118</b>		Time Received: <b>1207</b>		
Signature:				Signature:				

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