

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
t/a UTI Distribution  
PO Box 83, The Reads 0081  
Tel (012) 673-2000  
Reg. No. 2004/016747/07  
VAT Reg. No. 4260213873



SUBBD23683389

ADDITIONAL					
TRACKING					
NUMBERS					

Sender's Details		Consignee's Details. Full Street Address Please					
Company Name <b>Le Creuset</b>		Company Name <b>Le Creuset</b>					
Street Address <b>Shop 312 E</b>		Street Address <b>Unit 5 Hean Park</b>					
<b>Centurion Mall</b>		<b>Olive Grove Industrial Estate</b>					
<b>Hunuel Avenue</b>		<b>Old Paardevlei Road</b>					
Suburb <b>Centurion</b>		Suburb <b>Somerset West</b>					
City / Town <b>Pretoria</b>	Postal Code <b>0151</b>	City / Town <b>Cape Town</b>				Postal Code <b>8001</b>	
Contact <b>Eurika</b>		Contact <b>LISA</b>					
Phone <b>012 004 0017</b>		Phone <b>021 851 7178</b>					
Destination Country		Lesotho		Namibia		Swaziland	
<input checked="" type="checkbox"/> South Africa		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Sender's Reference <b>UT10854993</b>		Analysis Code					

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS Customs Tariff

Depot Hand In

POD COPY

**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).

*S.M. Litya* **26/02/2018**

SENDER'S AUTHORISED SIGNATURE DATE

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)	
<b>1</b>					

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY) **LISA**

Date Received: **27/02/18** Time Received: **0918**

Signature: *alBeer*

Received By UTI

Name Of Courier (PLEASE PRINT CLEARLY) **JAKES**

Date Received: **26/02/18** Time Received: **1444**

Signature: *[Signature]*

Total Mass (Kg)