

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
 Va UTI Sun Couriers  
 PO Box 83, The Reeds 0361  
 Tel (012) 673-2000  
 Reg. No. 2004/015747/07  
 VAT Reg. No. 4260213873



ADDITIONAL
TRACKING
NUMBERS

SUBCD24383071

<b>Sender's Details</b>		<b>Consignee's Details. Full Street Address Please</b>						<b>Mark Service Required</b>	
Company Name <b>LE CREUSET SOMERSET WES</b>		Company Name <b>Le Creuset SA</b>						<input type="checkbox"/> Same Day	
Street Address <b>SHOP 45</b>		Street Address <b>Unit 5, Heron Park</b>						<input checked="" type="checkbox"/> Express	
<b>SOMERSET MALL</b>		<b>Olive Grove Industrial Estate</b>						<input type="checkbox"/> With Sunrise Option	
Suburb <b>SOMERSET WEST</b>		Suburb <b>Somerset West</b>						<input type="checkbox"/> With Saturday Service	
City / Town <b>CPT</b> Postal Code		City / Town <b>Somerset West</b> Postal Code <b>7139</b>						<input type="checkbox"/> Public Holiday Service	
Contact <b>CANDICE</b>		Contact <b>Jacqueline Bonade</b>						<input type="checkbox"/> Economy	
Phone <b>021 421 8521</b>		Phone <b>(021) 851 7178</b>						<input type="checkbox"/> After Hours	
Destination Country <b>South Africa</b>		<input type="checkbox"/> Botswana		<input type="checkbox"/> Lesotho		<input type="checkbox"/> Namibia		<input type="checkbox"/> Swaziland	
Other (Please Specify)		Analysis Code		Analysis Code		Analysis Code		Analysis Code	
Sender's Reference <b>UT79639258</b>		SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <b>027766</b>		Bill To <input checked="" type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		BLNS Customs Tariff Lines	
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 SUN COURIERS LIMITS ITS LIABILITY TO R250,00 PER SHIPMENT. (SEE CLAUSE 12.5 OVERLEAF). IF YOU WISH UTI SUN COURIERS TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSES 12.5, 12.6 AND 12.7 OVERLEAF).									
e-mail / Fax / Proof of delivery <input type="checkbox"/>						e-mail Address / Fax Number			
<b>Total Parcels</b>		<b>NO. OF PARCELS</b>		<b>Dimensions In Centimetres</b>		<b>MASS (kg)</b>		Original POD Required P.O. Box	
<b>1</b>		<b>1</b>		<b>LENGTH</b>		<b>WIDTH</b>		<b>HEIGHT</b>	
<b>1</b>		<b>1</b>		<b>1</b>		<b>1</b>		<b>1</b>	
<b>Goods received in full without damage (unless endorsed)</b>					<b>Received by UTI</b>				
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)				
<b>Noad</b>					<b>TV ONE</b>				
Date Received:					Date Received:				
<b>02 01 18</b>					<b>13 01 2017</b>				
Time Received:					Time Received:				
<b>09:00</b>					<b>14:08</b>				
Signature <b>ADH</b>					Signature				

POD COPY

Linnomach SJ (011) 474-1929 Version Control (10/2012) uti/carr14 10/12