

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTi South Africa (Pty) Ltd
 1/a UTi Sun Couriers
 PO Box 63, The Reeds 0061
 Tel (012) 673-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4260213873



SUBCD26250241

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please					
Company Name LE CREUSET		Company Name LE CREUSET CPT					
Street Address SHOP UL 262, PAVILION SHOPPING CENTRE JACK MAARTIENS DRIVE		Street Address UNIT 5, HERON PARK OLIVE GROVE IND ESTATE SOMERSET WEST					
Suburb WESTVILLE		Suburb Johannesburg					
City / Town DXR	Postal Code 4000	City / Town SOMERSET WEST (SSW)		Postal Code 8000			
Contact ZAMA, BERNICE		Contact LAUREN					
Phone 031 265 8455		Phone 021 851 7178					
Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)	
Sender's Reference		Analysis Code					

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS Customs Tariff Lines

Depot Hand In

SPECIAL INSTRUCTIONS

Bill Charges To Account No. **027766**

Bill To Sender Consignee Other (Name Please)

If Consignee Or 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 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).

[Signature] **18/01/18**
 SENDER'S AUTHORISED SIGNATURE DATE

e-mail / Fax / Proof of delivery <input type="checkbox"/>		e-mail Address / Fax Number			
Total Parcels	NO. OF PARCELS	Dimensions In Centimetres			Mass (kg)
		LENGTH	WIDTH	HEIGHT	
1 BOX					

Goods received in full without damage (unless endorsed)

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

Date Received: **22/01/18** Time Received: **09:30 AM**

Signature *[Signature]*

Received by UTI

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

Date Received: **18/01/18** Time Received: **10:15**

Signature *[Signature]*

Attachment 5.1 (01) 474-1828 Version Control (10/2012) 00000014 0001