

CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



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SUBCD26250247

POD COPY

Sender's Details

Company Name LE CREUSET
 Street Address SHOP UL 262,
PAVILION SHOPPING CENTRE
JACK MAARTIENS DRIVE
 Suburb WESTVILLE
 City / Town DUR Postal Code 4000
 Contact RASHREE
 Phone 031 265 8455

Consignee's Details. Full Street Address Please

Company Name LE CREUSET CPT
 Street Address UNIT 5, HERON PARK
OLIVE GROVE IND ESTATE
SOMERSET WEST
 Suburb _____
 City / Town SOMERSET WEST (SSW) Postal Code 8000
 Contact JENNA / FRANCI
 Phone 021 851 7178

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

Destination Country: South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify) _____
 Analysis Code _____

Sender's Reference _____

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).

R 15/01/2018
 SENDER'S AUTHORISED SIGNATURE DATE

e-mail / Fax / Proof of delivery e-mail Address / Fax Number _____

Total Parcels **NO. OF PARCELS** 1 X BOX

Dimensions In Centimetres
 LENGTH _____ WIDTH _____ HEIGHT _____ **Mass (kg)** _____

Goods received in full without damage (unless endorsed)
 Name Of Receiver (PLEASE PRINT CLEARLY) ELVIMO
 Date Received: 17 07 18 Time Received: 0945
 Signature [Signature]

Received by UTI
 Name Of Courier (PLEASE PRINT CLEARLY) ARON
 Date Received: 15 07 18 Time Received: 1620
 Signature [Signature]

Original POD Required P.O. Box _____

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