

CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBCD26250264

POD COPY

Sender's Details			Consignee's Details. Full Street Address Please					Mark Service Required			
Company Name LE CREUSET			Company Name LE CREUSET CPT					<input type="checkbox"/> Same Day			
Street Address SHOP UL 262,			Street Address UNIT 5, HERON PARK					<input type="checkbox"/> Express			
PAVILION SHOPPING CENTRE			OLIVE GROVE IND ESTATE					<input type="checkbox"/> With Sunrise Option			
JACK MAARTTENS DRIVE			SOMERSET WEST					<input type="checkbox"/> With Saturday Service			
Suburb WESTVILLE			Suburb					<input type="checkbox"/> Public Holiday Service			
City / Town DUR		Postal Code 4000	City / Town SOMERSET WEST (SSW)		Postal Code 8000			<input checked="" type="checkbox"/> Economy			
Contact RASHREE / BERNICE			Contact FRANCO					<input type="checkbox"/> After Hours			
Phone 031 265 8455			Phone 021 851 7178					<input type="checkbox"/> BLNS			
Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other	(Please Specify)				
Sender's Reference					Analysis Code					<input type="checkbox"/> Customs Tariff Lines	
SPECIAL INSTRUCTIONS											
Bill Charges To Account No. 027766		Bill To <input checked="" type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>					
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).											
e-mail / Fax / Proof of delivery <input type="checkbox"/>						e-mail Address / Fax Number					
Total Parcels		NO. OF PARCELS		Dimensions In Centimetres			Mass (kg)				
X1		X1 BOX		LENGTH WIDTH HEIGHT							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) BASIL											
Date Received: 27 06 18					Time Received: 09 30						
Signature											
Received by UTI Name Of Courier (PLEASE PRINT CLEARLY) AARON											
Date Received: 25 06 18					Time Received: 14 6 25						
Signature											



Original POD Required
 P.O. Box

Lithofact SA (011) 474 1928 Version Control (10/2012) SUNDAY 15/12