

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
 t/a UTI Sun Couriers  
 PO Box 63, The Reeds 0091  
 Tel (012) 673-2000  
 Reg. No. 2004/015747/07  
 VAT Reg. No. 4260213873




SUBCD27589077

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name <u>Le Creuset Centurion</u>		Company Name <u>Le Creuset Brooklyn Mall</u>				<input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input type="checkbox"/> Economy <input type="checkbox"/> After Hours
Street Address <u>Shop 312 E Centurion Mall Heuwel Avenue Centurion</u>		Street Address <u>Shop 318 Brooklyn Mall 338 Muckleneuk RD Brooklyn</u>				
Suburb <u>Centurion</u>		Suburb <u>BROOKLYN</u>				
City / Town <u>Pretoria</u> Postal Code <u>0157</u>		City / Town <u>PRETORIA</u>		Postal Code <u>0181</u>		
Contact <u>SISA (manager)</u>		Contact <u>Fatima (manager)</u>				
Phone <u>012 004 0217</u>		Phone <u>012 346 2810</u>				<input type="checkbox"/> BLNS <input type="checkbox"/> Customs <input type="checkbox"/> Tariff <input type="checkbox"/> Lines

Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference	<u>UT19637809</u>			Analysis Code		

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).

 29.12.17  
 SENDER'S AUTHORISED SIGNATURE DATE

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

Total Parcels	NO. OF PARCELS	Dimensions In Centimetres			Mass (kg)
		LENGTH	WIDTH	HEIGHT	
<u>1</u>	<u>FLYER</u>				

Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>MARIA</u>		Received by UTI Name Of Courier (PLEASE PRINT CLEARLY) <u>UTI</u>	
Date Received: <u>02 01 18</u>	Time Received: <u>09 01 00 AM</u>	Date Received: <u>02 01 18</u>	Time Received: <u>14 40 00</u>
Signature <u>[Signature]</u>		Signature <u>[Signature]</u>	



