

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



SUBCD27589088

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Le Creuset</u>		Company Name <u>Le Creuset</u>				<input type="checkbox"/> Same Day	
Street Address <u>Shop 312 E Centurion Mall Heuwel Avenue</u>		Street Address <u>Unit 5, Heron Park Olive Grove Industrial Estate Old Paardevlei Road</u>				<input type="checkbox"/> Express	
Suburb <u>Centurion</u>		Suburb <u>Somerset West</u>				<input type="checkbox"/> With Sunrise Option	
City / Town <u>Pretoria</u> Postal Code <u>0157</u>		City / Town <u>Cape Town</u> Postal Code <u>8001</u>				<input type="checkbox"/> With Saturday Service	
Contact <u>Eureka</u>		Contact <u>Vicky</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>012 004 0217</u>		Phone <u>021 851 7178</u>				<input checked="" type="checkbox"/> Economy	
Destination Country		<input checked="" type="checkbox"/> South Africa	<input type="checkbox"/> Botswana	<input type="checkbox"/> Lesotho	<input type="checkbox"/> Namibia	<input type="checkbox"/> Swaziland	<input type="checkbox"/> Other (Please Specify)
Sender's Reference <u>UT10658032</u>		Analysis Code				<input type="checkbox"/> After Hours	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <u>027766</u>		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>		If Consignee Or Third Party Is Billed, Sender Remains Liable For Unpaid Charges			
<p>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).</p>							
e-mail / Fax / Proof of delivery <input type="checkbox"/>				e-mail Address / Fax Number			
Total Parcels		Dimensions In Centimetres			Mass (kg)		
NO. OF PARCELS		LENGTH			WIDTH		
HEIGHT		MASS (kg)			Original POD Required P.O. Box		
<u>1</u>		<u>flyer</u>			<input type="checkbox"/>		
Goods received in full without damage (unless endorsed)				Received by UTI			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
<u>ECVINO</u>				<u>Ezeke</u>			
Date Received:		Time Received:		Date Received:		Time Received:	
<u>22/02/18</u>		<u>09:20</u>		<u>20/02/18</u>		<u>13:55</u>	
Signature <u>[Signature]</u>				Signature <u>[Signature]</u>			

Lithotech SJ (011) 474-1828 Version Control (10/2012) SUN03014 1012