

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



SUBCD27981106

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required		
Company Name	Le Creuset Watercrest	Company Name	Unit 1 HP HERON PARK Olive Grove Industrials Estate Old Paardevlei Road				Postal Code	8001	Same Day	<input type="checkbox"/>
Street Address	Inanda Road Waterfall	Street Address	Somerset West				Postal Code	8001	Express	<input type="checkbox"/>
Suburb	Durban	Suburb	Somerset West				Postal Code	8001	With Sunrise Option	<input type="checkbox"/>
City / Town	DUR	City / Town	Cape Wyn				Postal Code	8001	With Saturday Service	<input type="checkbox"/>
Contact	031 763 1525	Contact	Jenna				Postal Code	8001	Public Holiday Service	<input type="checkbox"/>
Phone	031 763 1525	Phone	031-8617178				Postal Code	8001	Economy	<input checked="" type="checkbox"/>
Destination Country	South Africa	Other	(Please Specify)				Analysis Code		After Hours	<input type="checkbox"/>
Sender's Reference	DOMESTIC	Analysis Code					Analysis Code		BLNS Customs Tariff Lines	<input type="checkbox"/>
SPECIAL INSTRUCTIONS										
Bill Charges To Account No.	027766	Bill To Sender	<input checked="" 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		
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)		Original POD Required P.O. Box	
1		201		LENGTH WIDTH HEIGHT					<input type="checkbox"/>	
Goods received in full without damage (unless endorsed)										
Name Of Receiver (PLEASE PRINT CLEARLY)										
Masal										
Date Received:					Time Received:					
04 01 11 18					09:43 AM					
Signature					Signature					
					Received by UTI					
					Name Of Courier (PLEASE PRINT CLEARLY)					
					SINDA					
					Date Received:					
					04 01 11 18					
					Time Received:					
					11:51 AM					

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



Original POD Required P.O. Box