

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
 An UTI Sun Couriers  
 PO Box 63, The Rands 0661  
 Tel (012) 673-2000  
 Reg No. 2004/01574707  
 VAT Reg No. 4290213673




SUBCD28836467

POD COPY

Sender's Details		Consignee's Details, Full Street Address Please								Mark Service Required			
Company Name <b>LE CREUSET</b>		Company Name <b>LE CREUSET</b>								<input type="checkbox"/> Same Day			
Street Address <b>SHOP 71 UPPER MALL HYDE PARK CORNER C/O JAN SMUTS 4 6<sup>TH</sup> AVENUE</b>		Street Address <b>SHOP L239 SANDTON CITY SHOPPING CENTRE 5<sup>TH</sup> AND RIVONIA STREETS</b>								<input type="checkbox"/> Express			
Suburb <b>HYDE PARK</b>		Suburb <b>SANDTON</b>								<input type="checkbox"/> With Sunrise Option			
City / Town <b>JHB</b> Postal Code <b>2196</b>		City / Town <b>JHB</b> Postal Code <b>2196</b>								<input type="checkbox"/> With Saturday Service			
Contact <b>PATRICIA</b>		Contact <b>KAKARO</b>								<input type="checkbox"/> Public Holiday Service			
Phone <b>011-325-5605</b>		Phone <b>011 784 0301</b>								<input checked="" type="checkbox"/> Economy			
Destination Country		South Africa		Botswana		Lesotho		Namibia		Swaziland		Other (Please Specify)	
Sender's Reference <b>UTI 2370639</b>		Analysis Code								<input type="checkbox"/> After Hours			
SPECIAL INSTRUCTIONS													
Bill Charges To Account No.		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		<input type="checkbox"/> BLNS <input type="checkbox"/> Customs <input type="checkbox"/> Tariff <input type="checkbox"/> Lines		<input type="checkbox"/> Depot Hand in			
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, 12.8 AND 12.7 OVERLEAF).													
e-mail / Fax / Proof of delivery <input type="checkbox"/>				e-mail Address / Fax Number				SENDER'S AUTHORISED SIGNATURE <b>Shalup</b>		DATE <b>09/05/18</b>			
Total Parcels		NO. OF PARCELS		Dimensions In Centimetres				Mass (kg)		<input type="checkbox"/> Original POD Required <input type="checkbox"/> P.O. Box			
1		1 box		LENGTH		WIDTH		HEIGHT					
Goods received in full without damage (unless endorsed)						Received by UTI							
Name Of Receiver (PLEASE PRINT CLEARLY)						Name Of Courier (PLEASE PRINT CLEARLY)							
Sindi						Dupa							
Date Received:						Date Received:							
10/05/18						09/05/18							
Time Received:						Time Received:							
9:46 AM						12:57							
Signature						Signature							