

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
 via UTI Sun Couriers
 PO Box 63, The Reads 0061
 Tel (012) 673-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4290213873



SUBCD28945013

POD COPY

Sender's Details		Consignee's Details, Full Street Address Please				Mark Service Required	
Company Name LE CREUSET Hydepark		Company Name LE CREUSET				<input type="checkbox"/> Same Day	
Street Address 'Stop III Upper mall JAN SMUTS AVE SANDTON		Street Address UNIT 5 Heron Park OLIVE GROVE INDUSTRIAL ESTATE OLD PARADE ROAD, Somerset west.				<input checked="" type="checkbox"/> Express	
Suburb SANDTON		Suburb Somerset west.				<input type="checkbox"/> With Sunrise Option	
City / Town JHB Postal Code 2196		City / Town CAPE TOWN Postal Code 8001				<input type="checkbox"/> With Saturday Service	
Contact PATRICIA		Contact VICKY				<input type="checkbox"/> Public Holiday Service	
Phone 011 305 0565		Phone				<input type="checkbox"/> Economy	
Destination Country		South Africa		Botswana		Lesotho	
Sender's Reference		Namibia		Swaziland		Other (Please Specify)	
SPECIAL INSTRUCTIONS		Analysis Code					
Bill Charges To Account No.		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><small>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).</small></p>							
e-mail / Fax / Proof of delivery <input type="checkbox"/>		e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE		DATE	
Total Parcels		Dimensions In Centimetres		Mass (kg)		<input type="checkbox"/> Original POD Required P.O. Box	
NO. OF PARCELS		LENGTH		WIDTH		HEIGHT	
<p>Goods received in full without damage (unless endorsed)</p> <p>Name Of Receiver (PLEASE PRINT CLEARLY) J BENA DE</p> <p>Date Received: 19 03 18 Time Received: 09 24</p> <p>Signature [Signature]</p>							
<p>Received by UTI</p> <p>Name Of Courier (PLEASE PRINT CLEARLY) Ben</p> <p>Date Received: 19 03 18 Time Received: 15 30</p> <p>Signature [Signature]</p>							