

# CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
t/a UTI Distribution  
PO Box 53, The Reeds 0081  
Tel: (012) 673-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4280213873



SUBBD23850974



Sender's Details		Consignee's Details. Full Street Address Please	
Company Name	PVT	Company Name	LE CREONSET
Street Address	81 Campbell Rd	Street Address	UNIT 5 HERON PARK Olive Grove Ind
Suburb	VAUGHALL	Suburb	SOMERSET WEST
City / Town	PRETORIA	City / Town	LORETOWN
Postal Code	0085	Postal Code	7130
Contact		Contact	MARY
Phone		Phone	051 7178
Destination Country	South Africa	Lesotho	
		Namibia	
		Swaziland	
		Other	
		Analysis Code	

Mark Service Required
Same Day
Express
With Sunrise Option
With Saturday Service
Public Holiday Service
Economy
After Hours
BLNS Customs Tariff
Depot Hand In

## SPECIAL INSTRUCTIONS

BT Charges To Account No. 027877

Bill To Sender ☐ Consignee ☐ Other (Name Please) ☐  
If Consignee Or Other (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 DISTRIBUTION LIMITS ITS LIABILITY TO R 250.00 PER SHIPMENT. (SEE CLAUSE 12.5 OVERLEAF). IF YOU WISH UTI DISTRIBUTION TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSE 12.5, 12.6 AND 12.7 OVERLEAF).

SAHRAA 20/10/16  
SENDER'S AUTHORISED SIGNATURE DATE

Length (CM)	Width (CM)	Height (CM)
Total Parcels	NO. OF PARCELS PER DIMENSIONS	
01		

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)

FRANCI

Date Received:

24/10/16

Time Received:

0847

Received By UTI

Name Of Courier (PLEASE PRINT CLEARLY)

BEH

Date Received:

20/10/16

Signature:

Time Received:

1600

POI COPY

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