

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 63, The Reeds 0861
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD23731071

UTI 0134761

Sender's Details

Company Name Julie Jenkins
Street Address 69 Zietsman St
Suburb _____
City/Town Kolosaal Postal Code 4700
Contact _____
Phone 0725222220
Destination Country ☒ South Africa ☐ Botswana ☐ Lesotho ☐ Namibia ☐ Swaziland ☐ Other (Please Specify) _____

Consignee's Details. Full Street Address Please

Company Name Le Crouset on line Store
Street Address _____
Suburb Somerset West
City/Town Capetown Postal Code _____
Contact Mary
Phone 021851 7178

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

☒ Economy

After Hours

BLNS
Customs
Tariff

Depot Hand In

Total Mass (Kg)

SPECIAL INSTRUCTIONS

Bill Charges
To Account No. 027877

Bill To
Sender ☐ Consignee ☒ Other (Name Please) Refused (RT 06)

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).

e-mail / Fax / Proof of Delivery ☐ e-mail Address / Fax Number _____

SENDER'S AUTHORISED SIGNATURE _____

DATE 5/10/16

Total Parcels

NO. OF PARCELS
PER DIMENSIONS

LENGTH (CM)

WIDTH (CM)

HEIGHT (CM)

1

X (1) TWX4
subbd 21527224
marshall deo 854250
refuse to accept
closed signature
signature not legible

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)

MAKATHA

Date Received:

07/10/16

Time Received:

1033

Signature: [Signature]

Received By UTI

Name Of Courier (PLEASE PRINT CLEARLY)

AYANO A

Date Received:

08/10/16

Time Received:

1600

Signature: _____