

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTISouth Africa (Pty) Ltd  
 (a) UTI Distribution  
 PO Box 43, The Roads 0081  
 Tel 011 43 075-2000  
 Reg. No. 205401697807  
 VAT Reg. No. 4300213879



SUBBD22945201

ADDITIONAL
TRACKING
NUMBERS

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name	<i>L'ESPERANCE</i>	Company Name	<i>LE CREUSET ONLINE STORE</i>						<input type="checkbox"/> Same Day
Street Address	<i>72 TUSAN</i>	Street Address	<i>5 HERON PLACE, OLIVE GROVE</i>						<input type="checkbox"/> Express
Suburb	<i>ELIZABETH</i>	Suburb	<i>THE INTERCHANGE</i>						<input type="checkbox"/> With Insurance Option
City/Town	<i>EDURBION</i>	City/Town	<i>040 PAARDEVELD ROAD</i>						<input type="checkbox"/> With Saturday Service
Country	<i>RWA</i>	Country	<i>SWITZERLAND WEST</i>						<input type="checkbox"/> Public Holiday Service
Phone	<i>084-4751565</i>	Phone	<i>021-551 7178</i>						<input checked="" type="checkbox"/> Xendrop x
Destination Country	South Africa	Destination	Local	Norfolk	Dezland	Other	(Please Specify)		
Sender's Reference		Airway Code						After Hours	
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <i>027277</i> Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/> 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 12.4 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 <input type="checkbox"/> e-mail Address / Fax Number									
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)			
<i>01</i>		<i>MARCHEVAL</i>							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <i>DEKRETER</i> Date Received <i>2009/10</i> Time Received <i>09:20</i> Signature <i>MD</i>									
Received By UTI Name Of Receiver (PLEASE PRINT CLEARLY) <i>BCH</i> Date Received <i>230916</i> Time Received <i>1530</i> Signature <i>BCH</i>									

POD COPY

UTISouth Africa (Pty) Ltd