

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
t/a UTI Distribution  
PO Box 53, The Roads 3061  
Tel (012) 673-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4260213073



SUBBD24179701


<b>Sender's Details</b> Company Name: <b>A. CHASEN</b> Street Address: <b>A. LINEATA ST 41</b> <b>DANA BAY</b> Suburb: <b>MOSSSEL BM</b> City/Town: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> Postal Code: <b>6510</b> Contact: <b>TONY CHASEN</b> Phone: <b>0836293727</b>		<b>Consignee's Details. Full Street Address Please</b> Company Name: <b>LE CREUSET</b> Street Address: <b>UNIT 5 HERON PARK</b> <b>OLIVE GROVE INDUSTRIAL ESTATE</b> <b>OLD PAARDEVELD</b> Suburb: <b>SOMERSET WEST</b> City/Town: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> Postal Code: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> Contact: <b>MARY</b> Phone: <b>021 851 7178</b>		Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours BLNS Customs Tariff <input type="checkbox"/> Depot Hand In
Destination Country: <input checked="" type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)		Sender's Reference: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> Analysis Code: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>		
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <b>007877</b> Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> 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		SENDER'S AUTHORIZED SIGNATURE: DATE: <b>11.10.16</b>		
Total Parcels: <span style="border: 1px solid black; display: inline-block; width: 50px; height: 50px; vertical-align: middle;"></span>	NO. OF PARCELS PER DIMENSIONS: <b>MARCH 11</b>	LENGTH (CM): <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>	WIDTH (CM): <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <b>M. K. H. A. C.</b> Date Received: <b>12/10/16</b> Time Received: <b>0835</b> Signature:		Received By UTI Name Of Courier (PLEASE PRINT CLEARLY): <b>UPNOR</b> Date Received: <b>11/10/16</b> Time Received: <b>1630</b> Signature:		

POD COPY

Version Control Information