

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 65, The Reads 0031
Tel: (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD21900069



Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name LE CREUSET BROOKLYN MAL		Company Name Le Creuset Cresta Shopping Centre		<input checked="" type="checkbox"/> Same Day	
Street Address SHOP 318 BROOKLYN MALL		Street Address Shop 101 Cresta Shopping Centre		<input checked="" type="checkbox"/> With Series Option	
C/O VAELE & WATERKLOOF ROAD		Beyers Naudé Dr		<input type="checkbox"/> With Saturday Service	
BROOKLYN		Cresta		<input type="checkbox"/> Public Holiday Service	
Suburb PRETORIA		Suburb Johannesburg		<input type="checkbox"/> Economy	
City/Town PTA Postal Code 0046		City/Town Postal Code 2195		<input type="checkbox"/> After Hours	
Contact FATIMA		Contact Zanele		<input type="checkbox"/> BLNS Customs Tariff	
Phone 012 346 2840		Phone 011 476 6010		<input type="checkbox"/> Depot Hand In	
Destination Country South Africa		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other <input type="checkbox"/> (Please Specify)		<input type="checkbox"/> Total Mass (Kg)	
Sender's Reference UT 10453103		Analysis Code 		<input type="checkbox"/>	
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <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 12.14 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 <input type="checkbox"/>		e-mail Address / Fax Number 		24 10 2016	
Total Parcels 1		NO. OF PARCELS PER DIMENSIONS 1		SENDER'S AUTHORIZED SIGNATURE [Signature] DATE 24 10 2016	
LENGTH (CM) 1		WIDTH (CM) 1		HEIGHT (CM) 1	
Total Mass (Kg) 1		Total Mass (Kg) 1		Total Mass (Kg) 1	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) LESE GO Date Received: 25 10 16 Time Received: 14 02 Signature: [Signature]			Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) Stanford Date Received: 24 10 16 Time Received: 15 30 Signature: [Signature]		

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