

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 63, The Rends 2061
Tel (012) 673-2000
Reg. No. 2004/015747/07
WIT Reg. No. 4260213873



SUBBD24153836



POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required					
Company Name: <u>Chantelle</u>		Company Name: <u>Le Creuset</u>				<input type="checkbox"/> Same Day					
Street Address: <u>3 Finsbury Terrace</u>		Street Address: <u>Unit 5 Olive Grove Ind</u>				<input type="checkbox"/> Express					
Suburb: <u>Vincent</u>		Suburb: <u>The Interchange</u>				<input type="checkbox"/> With Sunrise Option					
City/Town: <u>East London</u>		City/Town: <u>Cape Town</u>				<input type="checkbox"/> With Saturday Service					
Postal Code: <u>5241</u>		Postal Code: <u>8001</u>				<input type="checkbox"/> Public Holiday Service					
Contact: <u>Chantelle</u>		Contact: <u>Mary</u>				<input checked="" type="checkbox"/> Economy					
Phone: <u>082 456 7016</u>		Phone: <u>021-851 7178</u>				<input type="checkbox"/> After Hours					
Destination Country: <input 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)		Analysis Code: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> BLNS Customs Tariff					
Sender's Reference: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Depot Hand In: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> BLNS Customs Tariff					
SPECIAL INSTRUCTIONS Bill Charges To Account No: <u>0277817</u> Bill To <input 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									
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)		Total Mass (Kg)	
<u>1</u>		<u>1</u>		<u>37</u>		<u>37</u>		<u>30</u>		<u>1</u>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>ECV / NO</u>						Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) <u>Limpit</u>					
Date Received: <u>20/12/16</u>						Date Received: <u>15/12/2016</u>					
Time Received: <u>0940</u>						Time Received: <u>1730</u>					
Signature: <u>[Signature]</u>						Signature: <u>[Signature]</u>					