

# CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
t/a UTI Distribution  
PO Box 63, The Rocks 0061  
Tel: (012) 673-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4290213873



SUBBD24006568


Sender's Details		Consignee's Details, Full Street Address Please				Mark Service Required	
Company Name	Le Creuset	Company Name	Le Creuset			<input type="checkbox"/> Same Day	
Street Address	Shop 12 Medyn Mame	Street Address	Unit 5 Heron Park			<input checked="" type="checkbox"/> Express	
	Magway, Masilela & Ashford Ave.		Old Paardvlei Road, Olive			<input type="checkbox"/> With Sunday Option	
	Waterkloof ext. 2		Grove, Industrial Estate			<input type="checkbox"/> With Saturday Service	
Suburb	Waterkloof	Suburb	Somerset West			<input type="checkbox"/> Public Holiday Service	
City/Town	Pretoria	City/Town	Cape Town	Postal Code		<input type="checkbox"/> Economy	
Contact	John	Contact	Sender			<input type="checkbox"/> After Hours	
Phone	012 006 0082	Phone	021 851 7178			<input type="checkbox"/> BLNS Customs Tariff	
Destination Country	South Africa					<input type="checkbox"/> Depot Hand In	
Sender's Reference	UT12349383						
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <input type="checkbox"/> Bill To: <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 / Pric of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		SENDER'S AUTHORIZED SIGNATURE		DATE	
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) WAREHOUSE				Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) HAMM			
Date Received:		Time Received:		Date Received:		Time Received:	
02/12/16		1029		01/12/16		1405	
Signature:				Signature:			

POD COPY

UT Distribution (Pty) Ltd