

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UT Distribution
PO Box 63, The Reeds 6061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213673



SUBBD22670731

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name	Le creuset Walmer Park	Company Name	Le creuset SA
Street Address	Shop 103	Street Address	Unit 5 Heron Park
	Walmer Park Shopping Centre		Olive Grove Industrial Estate
	Port Elizabeth		Old Paardevlei Road
Suburb		Suburb	Somerset West
City / Town	Port Elizabeth	City / Town	Cape Town
Postal Code	6070	Postal Code	7130
Contact	Rene Nofeldt	Contact	Lauren Allen
Phone	041 867 3318	Phone	021 851 7178
Destination Country	South Africa	<input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)	
Sender's Reference	UT 12268149		

Mark Service Required
Same Day
<input checked="" type="checkbox"/> Express
With Sunrise Option
With Saturday Service
Public Holiday Service
Economy
After Hours
BLNS Customs Tariff
Depot Hand In

SPECIAL INSTRUCTIONS

Bill Charges To Account No. 027766

Bill To ☐ Sender ☒ Consignee ☐ Other (Name Please) ☐

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 ☐ e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1				

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)

ELVI MO

Date Received: 30/11/16

Time Received: 0930

Signature: *[Signature]*

Received By UTI

Name Of Courier (PLEASE PRINT CLEARLY)

V 4 Y 0

Date Received: 28/11/16

Time Received: 1800

Signature: *[Signature]*

Total Mass (Kg)

POD COPY