


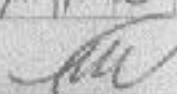

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
 1/a UTI Distribution
 PO Box 83, The Reeds 0061
 Tel (012) 673-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4260215973



SUBBD23804733

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: T. Rankin		Company Name: Le Creuset				<input type="checkbox"/> Same Day	
Street Address: 15 Wild Fig Estate		Street Address: Unit 5 Heron Park Olive Grove Industrial				<input type="checkbox"/> Express	
Suburb: White River		Suburb: Sonneset West				<input type="checkbox"/> With Sunrise Option	
City / Town: Tammy	Postal Code: 1240	City / Town: May	Postal Code: 7130	<input type="checkbox"/> With Saturday Service		<input type="checkbox"/> Public Holiday Service	
Contact: 082 568 1205		Contact: 021 851-7178				<input checked="" type="checkbox"/> Economy	
Phone: 082 568 1205		Phone: 021 851-7178				<input type="checkbox"/> After Hours	
Destination Country: South Africa		Botswana		Lesotho		<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference: 027877		Analysis Code: 027877		<input type="checkbox"/> Depot Hand In		<input type="checkbox"/> Total Mass (Kg)	
SPECIAL INSTRUCTIONS Bill Charges To Account No: 027877 Bill To: <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> 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). SENDER'S AUTHORISED SIGNATURE:  DATE: 15/11/2016							
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number: _____							
Total Parcels: 1		NO. OF PARCELS PER DIMENSIONS: 1x1		LENGTH (CM): 22		WIDTH (CM): 22	
						HEIGHT (CM): 17	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): MARKHALL Date Received: 17/11/16 Time Received: 0930 Signature: 				Received By UTI Name Of Courier (PLEASE PRINT CLEARLY): IMP Date Received: 15/11/16 Time Received: 1330 Signature: 			

PROD COPY