

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 53, The Reads 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD22731690



Sender's Details		Consignee's Details. Full Street Address Please	
Company Name	LE CREUSET - MALL OF AFR SHOP 2040	Company Name	LE CREUSET HEAD OFFICE
Street Address	CNR ALLENDALE ROAD & BEN SCROEMAN HIGHWAY	Street Address	UNIT 5 HERON PARK OLIVE GROVE INDUSTRIAL ESTATE
Suburb	WATERFALL ESTATE	Suburb	SOMERSET WEST
City / Town	MID	City / Town	CAPE TOWN
Postal Code	2066	Postal Code	
Contact	CASSANDRA	Contact	LISA
Phone	011 568 2097	Phone	021 881 7178

Destination Country		Analysis Code	
South Africa	Botswana		
Lesotho	Namibia		
Swaziland	Other (Please Specify)		

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).

SENDER'S AUTHORISED SIGNATURE

28/11/2016
DATE

e-mail / Fax / Proof of Delivery ☐ e-mail Address / Fax Number

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

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)	MARKET
Date Received:	28/11/16
Time Received:	14:50
Signature:	

Received By UTI
Name Of Courier (PLEASE PRINT CLEARLY)

Name Of Courier (PLEASE PRINT CLEARLY)	MARK
Date Received:	28/11/16
Time Received:	14:50
Signature:	

Total Mass (Kg)

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