

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 415, The Rends 0961
Tel (012) 875-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260215873



SUBBD23684221



Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: Metelerkamps Street Address: 3 Union Street OFF Waterfront Drive Suburb: Krysta City / Town: Krysta Postal Code: 6571 Contact: Linda Phone: 044 3820274		Company Name: Le Crusset Street Address: Unit 5 Heron Park Olive Grove Industrial Estate The Interchange Suburb: Somerset West City / Town: Cape Town Postal Code: 7800 Contact: Helena David S Phone: _____				<input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours	
Destination Country: <input type="checkbox"/> South Africa <input checked="" 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"/> BLNS Customs Tariff	
Sender's Reference: _____		Depot Hand in: _____				<input type="checkbox"/>	
SPECIAL INSTRUCTIONS Bill Charges To Account No: 027766 Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> 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 <input type="checkbox"/> e-mail Address / Fax Number: _____							
Total Parcels: 1		NO. OF PARCELS PER DIMENSIONS: 1		LENGTH (CM): Fragile		WIDTH (CM): _____ HEIGHT (CM): _____	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): MARKHALL Date Received: 060117 Time Received: 1055 Signature: MARKHALL							
Received By UTI Name Of Courier (PLEASE PRINT CLEARLY): K1001 Date Received: 050117 Time Received: 1500 Signature: [Signature]							

POD COPY

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