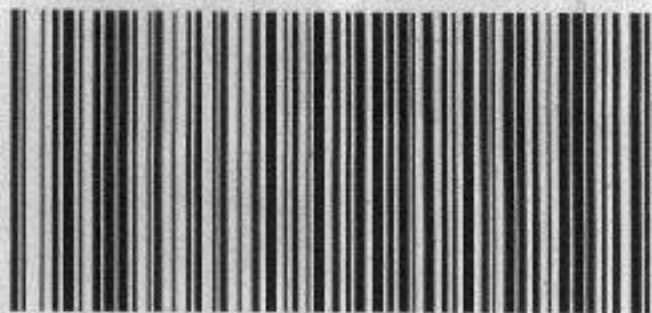


CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD23371104



Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: Le Creuset Hyde Park		Company Name:				<input type="checkbox"/> Same Day	
Street Address: Shop 71 Upper Mail		Street Address: Number 5, 1st Street				<input checked="" type="checkbox"/> Express	
Hyde Park corner		Parkhurst 2193				<input type="checkbox"/> With Sunrise Option	
C/O Jan Smuts 6th Ave						<input type="checkbox"/> With Saturday Service	
Suburb: Hyde Park		Suburb:				<input type="checkbox"/> Public Holiday Service	
City/Town: JHB Postal Code:		City/Town: JHB Postal Code:				<input type="checkbox"/> Economy	
Contact: MARICIA		Contact: UBUIG EVANS				<input type="checkbox"/> After Hours	
Phone: 011 395 3606		Phone: 082 902 5771				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country: <input type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)						<input type="checkbox"/> Depot Hand In	
Sender's Reference:		Analysis Code:					
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To <input type="checkbox"/> Sender 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 / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE:		DATE: 23/12/16	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
						HEIGHT (CM)	
Goods received in full without damage (unless endorsed)				Received By UTI			
Name Of Receiver (PLEASE PRINT CLEARLY): JOYCE ROGO				Name Of Courier (PLEASE PRINT CLEARLY): STANLEY			
Date Received: 23/12/2016				Date Received: 23/12/16			
Time Received: 1:00				Time Received: 1:30			
Signature:				Signature:			

POD COPY

Version Control: 06/2016