

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 83, The Reeds 0081
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD23490504

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name: Le creuset SA		Company Name: Le creuset SA						<input type="checkbox"/> Same Day	
Street Address: Shop 117		Street Address: Unit 5 HERON PARK						<input type="checkbox"/> Express	
Suburb: Bedfordview		Suburb: Olive Grove Industries						<input type="checkbox"/> With Sunrise Option	
City / Town: Johannesburg		City / Town: Cape Town						<input type="checkbox"/> With Saturday Service	
Postal Code: 2008		Postal Code: 7130						<input type="checkbox"/> Public Holiday Service	
Contact: NATHAN		Contact: Michelle						<input checked="" type="checkbox"/> Economy	
Phone: 011 615 1923		Phone: 021 8517172						<input type="checkbox"/> After Hours	
Destination Country: 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"/> BLNS Customs Tariff	
Sender's Reference: UT1 5167698		Analysis Code: 						<input type="checkbox"/> Depot Hand In	
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To <input type="checkbox"/> Sender <input type="checkbox"/> 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 									
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) ELVINO					Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) 				
Date Received: 03/01/17					Date Received: 29/12/16				
Time Received: 1520					Time Received: 1200				
Signature: [Signature]					Signature: [Signature]				

Total Mass (Kg)