

# CONTRACT FOR CARRIAGE / DISPATCH NOTE



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




SUBCD26250274

POD COPY

UTS SJ (011) 474-1828 Version Control (10/2012) SUN030714 1012

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name <b>LE CREUSET</b>		Company Name <b>LE CREUSET CPT</b>		<input type="checkbox"/> Same Day	
Street Address <b>SHOP UL 262, 2836</b>		Street Address <b>UNIT 5, HERON PARK</b>		<input type="checkbox"/> Express	
<b>PAVILION SHOPPING CENTRE</b>		<b>OLIVE GROVE IND ESTATE</b>		<input type="checkbox"/> With Sunrise Option	
<b>JACK MAARITENS DRIVE</b>		<b>SOMERSET WEST</b>		<input type="checkbox"/> With Saturday Service	
Suburb <b>WESTVILLE</b>		Suburb		<input type="checkbox"/> Public Holiday Service	
City / Town <b>DUR</b>		City / Town <b>SOMERSET WEST (SSW)</b>		<input checked="" type="checkbox"/> Economy	
Postal Code <b>4000</b>		Postal Code <b>3000</b>		<input type="checkbox"/> After Hours	
Contact <b>818tree / Zama</b>		Contact		<input type="checkbox"/> BLNS	
Phone <b>031 265 8455</b>		Phone <b>021 851 7178</b>		<input type="checkbox"/> Customs	
Destination Country <b>South Africa</b>		Other (Please Specify)		<input type="checkbox"/> Tariff	
Analysis Code				<input type="checkbox"/> Lines	
SPECIAL INSTRUCTIONS					
Bill Charges To Account No. <b>027766</b>		Bill To <input checked="" type="checkbox"/> Sender		Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>	
If Consignee Or Third Party Is Billed, Sender Remains Liable For Unpaid Charges					
<p>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 SUN COURIERS LIMITS ITS LIABILITY TO R250.00 PER SHIPMENT. (SEE CLAUSE 12.5 OVERLEAF). IF YOU WISH UTI SUN COURIERS TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSES 12.5, 12.6 AND 12.7 OVERLEAF).</p>					
e-mail / Fax / Proof of delivery <input type="checkbox"/>		e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE <b>22/01/18</b>	
Total Parcels <b>1 box</b>		NO. OF PARCELS		DATE	
Dimensions In Centimetres		HEIGHT		Mass (kg)	
LENGTH		WIDTH			
Time Received:		Time Received:		Original POD Required	
<b>240718</b>		<b>0920</b>		<input type="checkbox"/> P.O. Box	
Signature <b>[Signature]</b>		Signature <b>[Signature]</b>			
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)			
<b>SPVINO</b>		<b>MONWABISI</b>			