

CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUB HT 09 711044
NUMBERS

SUBCD26250243

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name	LE CREuset	Company Name	LE CREuset CPT	<input type="checkbox"/> Same Day	
Street Address	SHOP UL 262, PAVILION SHOPPING CENTRE JACK MAANTJENS DRIVE	Street Address	UNIT 5, HERON PARK OLIVE GROVE IND ESTATE SOMERSET WEST	<input type="checkbox"/> Express	
Suburb	WESTVILLE	Suburb		<input type="checkbox"/> With Sunrise Option	
City / Town	DUR	City / Town	SOMERSET WEST (SSW)	<input type="checkbox"/> With Saturday Service	
Postal Code	4000	Postal Code	8000	<input type="checkbox"/> Public Holiday Service	
Contact	RASHKEE BERNICE	Contact	JENNA LAUREN	<input type="checkbox"/> Economy	
Phone	031 265 8455	Phone	021 851 7178	<input type="checkbox"/> After Hours	
Destination Country	South Africa	Analysis Code		<input type="checkbox"/> BLNS Customs Tariff Lines	
Sender's Reference				<input type="checkbox"/> Depot Hand In	
<p>SPECIAL INSTRUCTIONS</p> <p>Bill Charges To Account No. <u>027766</u></p> <p>Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/></p> <p>If Consignee Or Third Party is Billed, Sender Remains Liable For Unpaid Charges</p>					
<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		DATE	
Total Parcels		Dimensions In Centimetres		Mass (kg)	
NO. OF PARCELS		LENGTH WIDTH HEIGHT			
IX FLUKE IX TUBE * NOT RECEIVED					
Goods received in full without damage (unless endorsed)		Received by UTI		Name Of Courier (PLEASE PRINT CLEARLY)	
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)		A C P O N	
Date Received:		Date Received:		Time Received:	
02 01 18		28 12 17		1449	
Signature		Signature			

POD COPY

Subject: SJ (011) 474-1828 Version: Contract (11/2012) SUBCD26250243 10/12