

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


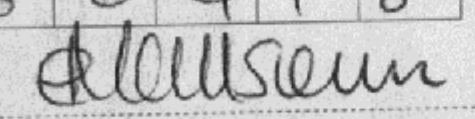



SUBCD29148296									
ADDITIONAL TRACKING NUMBERS									

SUBCD29148296

POD COPY

Uthtech SJ (011) 474-1828 Version Control (10/2012) SUN00014 1012

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name LE CREUSET WATERCREST Street Address INANDA ROAD WATERFALL Suburb DURBAN City / Town DUR Postal Code 3652 Contact 031 763 1525 Phone 031 763 1525		Company Name Le Creuset Gateway Street Address Shop G158 Palm Boulevard Umhlanga Ridge Newton Centre Suburb Durban Postal Code 4320 Contact 031 100 1239 Phone Cassandra		<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 South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)		Analysis Code		BLNS Customs Tariff Lines	
Sender's Reference STOCK		SPECIAL INSTRUCTIONS		Depot Hand In	
Bill Charges To Account No. 027766		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)		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).	
e-mail / Fax / Proof of delivery <input type="checkbox"/> e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE 		DATE 13/04/18	
Total Parcels 3		NO. OF PARCELS Boxes		Dimensions In Centimetres LENGTH WIDTH HEIGHT Mass (kg)	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) CASSANDRA		Received by UTI Name Of Courier (PLEASE PRINT CLEARLY) INAI		Original POD Required P.O. Box	
Date Received: 16/04/18		Time Received: 11:30		Date Received: 16/04/18	
Signature 		Signature 		Time Received: 11:05	

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SUBHTN 0066790									
ADDITIONAL									
TRACKING									
NUMBERS									

SUBCD29148296

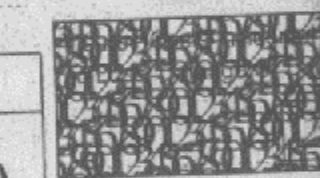
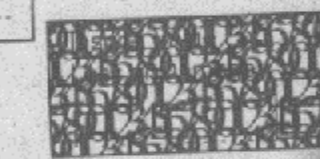
POD COPY

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name	LE CREUSET WATERCREST	Company Name	Le Creuset Gateway
Street Address	INANDA ROAD WATERFALL	Street Address	Shop G158 Palm Boulevard
Suburb	DURBAN	Suburb	Umlanga Ridge Newton Centre
City / Town	DUR	City / Town	Durban
Postal Code	3652	Postal Code	4320
Contact	031 763 1525	Contact	031 100 1239 Cassandra
Phone		Phone	

Mark Service Required
Same Day
Express
With Sunrise Option
With Saturday Service
Public Holiday Service
Economy
After Hours

BLNS Customs Tariff Lines

Depot Hand In



Original POD Required P.O. Box

Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other	(Please Specify)
Sender's Reference	STOCK						

SPECIAL INSTRUCTIONS		Bill To	Consignee	Other
To Account No. 027766		Sender		(Name Please)
If Consignee Or 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 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).

SENDER'S AUTHORISED SIGNATURE	DATE
	13/04/18

e-mail / Fax / Proof of delivery	e-mail Address / Fax Number
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Total Parcels	NO. OF PARCELS	Dimensions In Centimetres			Mass (kg)
		LENGTH	WIDTH	HEIGHT	
3	Boxes				

Goods received in full without damage (unless endorsed)	
Name Of Receiver (PLEASE PRINT CLEARLY)	
CASSANDRA	
Date Received:	Time Received:
160418	1130
Signature:	

Received by UTI	
Name Of Courier (PLEASE PRINT CLEARLY)	
INAIO	
Date Received:	Time Received:
13/04/18	1705
Signature:	