

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
t/a, UTI Sun Couriers  
PO Box 83, The Meadows 0061  
Tel (012) 673-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4260213873




SUBCD29148290

POD COPY

<b>Sender's Details</b> Company Name <b>LE CREUSET WATERCREST</b> Street Address <b>INANDA ROAD WATERFALL DURBAN</b> Suburb City / Town <b>DUR</b> Postal Code <b>3652</b> Contact <b>031 763 1525</b> Phone		<b>Consignee's Details. Full Street Address Please</b> Company Name <b>Le Creuset Pavilion</b> Street Address <b>Shop UL 262 Pavilion Shopping Centre Jack Marfreens Drive Westville</b> Suburb City / Town <b>Durban</b> Postal Code <b>3629</b> Contact <b>Kashree</b> Phone <b>031 265 8455</b>		<b>Mark Service Required</b> <input type="checkbox"/> Some 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 <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)		Sender's Reference <b>STOCK-transfer</b> Analysis Code		
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <b>027766</b> Bill To <input type="checkbox"/> Sender <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Other (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).				
e-mail / Fax / Proof of delivery <input type="checkbox"/> e-mail Address / Fax Number				
<b>Total Parcels</b> <b>3</b>	<b>NO. OF PARCELS</b> <b>Boxes</b>	<b>Dimensions In Centimetres</b> LENGTH WIDTH HEIGHT	<b>Mass (kg)</b>	
<b>Goods received in full without damage (unless endorsed)</b> Name Of Receiver (PLEASE PRINT CLEARLY) <b>M90611C</b>		<b>LE CREUSET PAVILION</b> <b>CO. REG. 1997/021363/07</b>		
Date Received: <b>19 04 2018</b>		Time Received: <b>13:00</b>		
Signature		Received by <b>UT62178069</b> Name Of Courier (PLEASE PRINT CLEARLY) <b>ETEL: 031 265 8455</b> Date Received: <b>19 04 2018</b>		
Signature		Time Received: <b>11 31 AM</b>		

EMAIL: pavilion.more.za@lecreuset.com