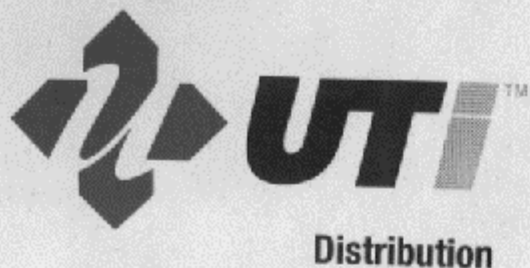


# CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD21655355


POD COPY

## Sender's Details

Company Name Avalon Technology group  
Street Address Unit 13 Tygervally  
Chambers 2 4th Floor  
Willie van Schoor Ave  
Suburb Tygervally  
City / Town Cape Town Postal Code 7530  
Contact Rainer  
Phone 021 300 1777

## Consignee's Details. Full Street Address Please

Company Name LE CREUSET  
Street Address Shop 21 Nicolway Shopping  
Centre William Nicol drive  
Bryanston  
Suburb    
City / Town Johannesburg Postal Code 2021  
Contact Store manager  
Phone 011 706 2198

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy ☒

After Hours

BLNS  
Customs  
Tariff

Depot Hand In

Destination Country ☐ South Africa ☐ Botswana ☐ Lesotho ☐ Namibia ☐ Swaziland ☐ Other (Please Specify)

Sender's Reference

Analysis Code

## SPECIAL INSTRUCTIONS

Bill Charges  
To Account No. 02 77 66

Bill To  
Sender ☐

Consignee ☒

Other  
(Name Please) ☐

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).

SENDER'S AUTHORISED SIGNATURE

DATE

13/06/18

e-mail / Fax / Proof of Delivery ☐ e-mail Address / Fax Number

## Total Parcels

NO. OF PARCELS  
PER DIMENSIONS

LENGTH (CM)

WIDTH (CM)

HEIGHT (CM)

1

Total Mass (Kg)

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)

POA TIA

Date Received:

15 06 18

Time Received:

1023

Signature:

Phoka

Received By UTI

Name Of Courier (PLEASE PRINT CLEARLY)

TOA TIA

Date Received:

13 06 18

Time Received:

14150

Signature: