

# CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
t/a UTI Distribution  
PO Box 63, The Reads 0381  
Tel (012) 673-2000  
Reg. No. 2004/01574707  
VAT Reg. No. 4200213873



SUBBD22087657



POD COPY

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name: <b>LE CREUSET CENTURION MA</b>		Company Name: <b>Le Creuset Sandton Shop L339</b>		<input type="checkbox"/> Some Day	
Street Address: <b>SHOP 312E</b>		Street Address: <b>5th and Rivonia Street</b>		<input type="checkbox"/> Express	
<b>UPPER LEVEL</b>		<b>Sandton</b>		<input type="checkbox"/> With Sunrise Op	
<b>HEUWEL AVENUE</b>		<b>JHB</b>		<input type="checkbox"/> With Saturday Se	
Suburb: <b>CENTURION</b>		Suburb: <b>Sandton</b>		<input type="checkbox"/> Public Holiday Se	
City / Town: <b>PTA</b>		City / Town: <b>JHB</b>		<input checked="" type="checkbox"/> Economy	
Postal Code: <b>0046</b>		Postal Code: <b>2196</b>		<input type="checkbox"/> After Hours	
Contact: <b>SEVARIAN</b>		Contact: <b>mbali</b>		<input type="checkbox"/> DLNS Customs Tariff	
Phone: <b>012 004 0217</b>		Phone: <b>011 784 0301</b>		<input type="checkbox"/> Depot Hand In	
Destination Country: <b>South Africa</b>		Destination Country: <b>South Africa</b>		<input type="checkbox"/> Total Mass (K)	
Sender's Reference: <b>UT118614416</b>		Analysis Code: <b>027766</b>			
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <b>027766</b> Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> 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 12.11 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 12.5.12.8 AND 12.7 OVERLEAF).					
e-mail / Fax / Proof of Delivery: <input type="checkbox"/> e-mail Address / Fax Number: <input type="checkbox"/>					
<b>Total Parcels</b> NO. OF PARCELS PER DIMENSIONS LENGTH (CM) WIDTH (CM) HEIGHT (CM)					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <b>MARLE</b> Date Received: <b>140716</b> Time Received: <b>0942</b> Signature: <i>[Signature]</i>					
Received By UTI Name Of Courier (PLEASE PRINT CLEARLY): <b>Arter</b> Date Received: <b>14/07/16</b> Time Received: <b>11014</b> Signature: <i>[Signature]</i>					

Version Control (06/03/10)