

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
 c/o UTI Distribution
 PO Box 88, The Reeds 0081
 Tel (012) 673-2000
 Reg No. 2004/015747/07
 VAT Reg. No. 4280210873



SUBBD22670768



Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name: Le Creuset Walmer Park Street Address: Shop 103 Walmer Park Shopping Centre Port Elizabeth Suburb: City/Town: PE Postal Code: 6070 Contact: Rene Newfeldt Phone: 041 367 2318		Company Name: Le Creuset Warehouse Street Address: Unit 5 Heron Park Olive Grove Industrial Estate Old Paardekraal RD Somerset West. Suburb: City/Town: Cape Town Postal Code: Jenna. Contact: 021 851 7178 Phone:		<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 <input type="checkbox"/> BLNS Customs Tariff <input type="checkbox"/> Depot Hand In	
Destination Country: <input checked="" 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)		Analysis Code:			
SPECIAL INSTRUCTIONS Bill Charges To Account No: 027766 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 12.4 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 12.6 AND 12.7 OVERLEAF)					
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number					
Total Parcels: <input type="checkbox"/>		NO OF PARCELS PER DIMENSIONS:		LENGTH (CM): 49 WIDTH (CM): 49 HEIGHT (CM): 50	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): EIVING Date Received: 110716 Signature:		Received By UTI - Name Of Courier (PLEASE PRINT CLEARLY): V440 Date Received: 080716 Signature:		Time Received: 1050 Time Received: 1657	

POD COPY

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