

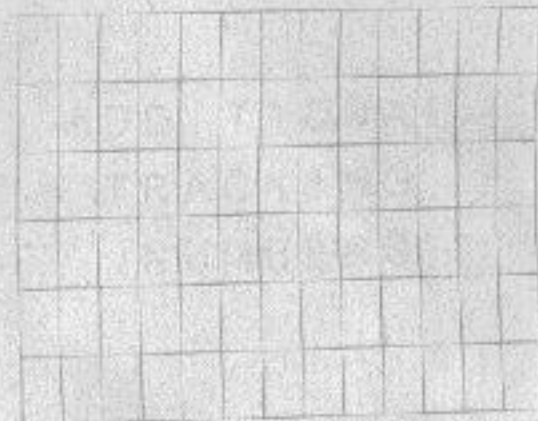
# CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD21635978



Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name	LE CREUSET WATERFALL MA SHOP 101	Company Name	LE CREUSET TIGERVALE			<input type="checkbox"/> Same Day	
Street Address	WATERFALL MALL	Street Address	SHOP 513, UPPER LEVEL			<input type="checkbox"/> Express	
	CASHAN EXT 12		TIGERVALE CENTRE			<input type="checkbox"/> With Sunrise Option	
	RUSTENBURG		BILL BEZUIDENHOUT RD			<input type="checkbox"/> With Saturday Service	
Suburb	RUSTENBURG	Suburb	BELLVILLE			<input type="checkbox"/> Public Holiday Service	
City/Town	RTR	City/Town	Cape Town	Postal Code	7530	<input checked="" type="checkbox"/> Economy	
Contact	JEANETT	Contact	MANAGER. ELZANN			<input type="checkbox"/> After Hours	
Phone	014 537 2279	Phone	021 914 7053			<input type="checkbox"/> BLNS Customs Tariff	
Destination Country	South Africa	Lesotho	Namibia	Swaziland	Other	<input type="checkbox"/> Depot Hand In	
Sender's Reference		Analysis Code				<input type="checkbox"/> Total Mass (Kg)	
<b>SPECIAL INSTRUCTIONS</b> 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 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)							
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number							
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)		
1		47	49	26	10		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) GABBI				Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) SHOSH0			
Date Received:		Time Received:		Date Received:		Time Received:	
04 07 16		10 25		30 06 16		14 27	
Signature:				Signature:			