

CONTRACT FOR CARRIAGE / DISPATCH NOTE

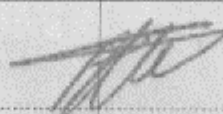
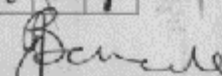



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 83, The Reeds 0081
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD23817551

UTI 3438365

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name LE CREUSET DBN		Company Name LE CREUSET CPT						<input type="checkbox"/> Same Day	
Street Address SHOP UL 262 PAVILION SHOPPING CENTER		Street Address UNIT 5 HERON PARK OLIVE GROVE						<input checked="" type="checkbox"/> Express	
Suburb JACK MAARTENS DRIVE		Suburb OLD PAARDEVLEI ROAD						<input type="checkbox"/> With Sunrise Option	
City / Town WESTVILLE		City / Town SONHERSET WEST						<input type="checkbox"/> With Saturday Service	
Postal Code 4000		Postal Code 8000						<input type="checkbox"/> Public Holiday Service	
Contact TRISTIA RAHREE		Contact YK-K-1						<input type="checkbox"/> Economy	
Phone 031 265 8455		Phone 021 851 7178						<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)						<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference BANKING		Analysis Code						<input type="checkbox"/> Depot Hand In	
SPECIAL INSTRUCTIONS Bill Charges To Account No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bill To <input 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 12.14 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 AUTHORIZED SIGNATURE  DATE 02/07/18									
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)	
1		1 X FLIER							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) J BENADE					Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) Agdon				
Date Received: 040718					Date Received: 020718				
Time Received: 0832					Time Received: 1409				
Signature: 					Signature: 				

Total Mass (Kg)

POD COPY