

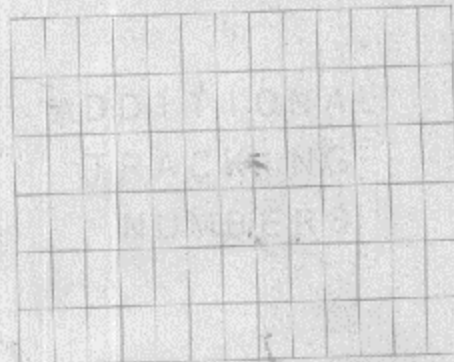
# CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD23808014



Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name: <b>LE CREUSET DBN</b>		Company Name: <b>LE CREUSET CPT</b>		Same Day	
Street Address: <b>SHOP UL 262 PAVILION SHOPPING CENTER JACK NAARTENS DRIVE</b>		Street Address: <b>UNIT 5 HERON PARK OLIVE GROVE OLD PAARDEVLEI ROAD</b>		<input checked="" type="checkbox"/> Express <input type="checkbox"/> Y	
Suburb: <b>WESTVILLE</b>		Suburb: <b>SOMERSET WEST</b>		<input type="checkbox"/> With Sunrise Option	
City / Town: <b>DUR</b> Postal Code: <b>4000</b>		City / Town: <b>CAPE TOWN (CPT)</b> Postal Code: <b>8000</b>		<input type="checkbox"/> With Saturday Service	
Contact: <b>031-265-8455</b>		Contact: <b>ATTENTION LAUREN</b>		<input type="checkbox"/> Public Holiday Service	
Phone: <b>031-265-8455</b>		Phone: <b>021-851-7178</b>		Economy	
Destination Country: <b>South Africa</b>		Destination Country: <b>South Africa</b>		After Hours	
Sender's Reference: <b>027756</b>		Analysis Code: <b>027756</b>		BLNS Customs Tariff	
SPECIAL INSTRUCTIONS		SPECIAL INSTRUCTIONS		Depot Hand-in	
Bill Charges To Account No. <b>027756</b>		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>		Total Mass (Kg)	
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 <i>[Signature]</i>		DATE <b>9/12/17</b>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		Total Parcels <b>1</b>		NO. OF PARCELS PER DIMENSIONS	
Total Parcels <b>1</b>		LENGTH (CM)		WIDTH (CM)	
Total Parcels <b>1</b>		HEIGHT (CM)		Total Mass (Kg)	
Goods received in full without damage (unless endorsed)		Received By UTI		Name Of Courier (PLEASE PRINT CLEARLY)	
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)		Date Received:	
<b>EIVINB</b>		<b>MS121</b>		<b>04/12/17</b>	
Date Received:		Time Received:		Time Received:	
<b>06/12/17</b>		<b>1025</b>		<b>1055</b>	
Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>			

POD COPY

Version Control (06/2013)