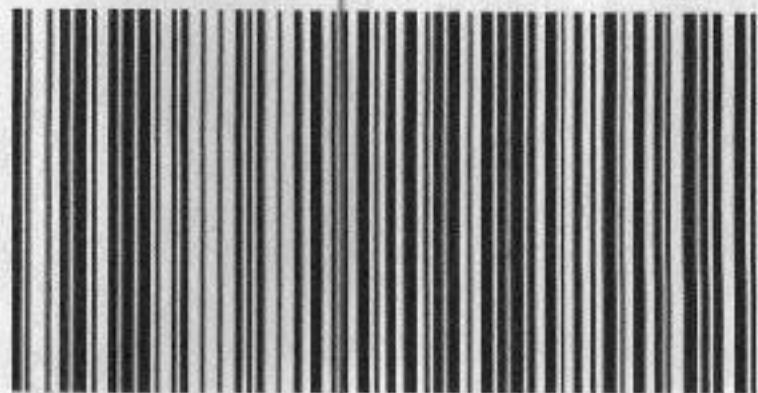


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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




SUBCD26257641

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <u>Le Creuset</u>		Company Name <u>Le Creuset</u>						<input type="checkbox"/> Same Day	
Street Address <u>Shop 3</u> <u>90 William Campbell drive</u> <u>La Lucia mall</u>		Street Address <u>Unit 5, Heron Park</u> <u>Olive grove industrial Estate</u> <u>Old randevik road</u> <u>Somerwest West</u>						<input checked="" type="checkbox"/> Express	
Suburb <u>La Lucia</u>		Suburb <u>Somerwest West</u>						<input type="checkbox"/> With Sunrise Option	
City / Town <u>DURBAN</u> Postal Code <u></u>		City / Town <u>Cape Town</u> Postal Code <u>8000</u>						<input type="checkbox"/> With Saturday Service	
Contact <u>Helena</u>		Contact <u>VICKI ACCOUNTS</u>						<input type="checkbox"/> Public Holiday Service	
Phone <u>031 572 5045</u>		Phone <u>021 851 7178</u>						<input type="checkbox"/> Economy	
Destination Country		South Africa		Botswana		Lesotho		Namibia	
Swaziland		Other (Please Specify)							
Sender's Reference								Analysis Code	
SPECIAL INSTRUCTIONS									
Bill Charges To Account No.		<input type="checkbox"/>		Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>	
If Consignee Or Third Party Is Billed, Sender Remains Liable For Unpaid Charges									
<p>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 SUN COURIERS LIMITS ITS LIABILITY TO R250.00 PER SHIPMENT. (SEE CLAUSE 12.5 OVERLEAF). IF YOU WISH UTI SUN COURIERS TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSES 12.5, 12.6 AND 12.7 OVERLEAF).</p>									
e-mail / Fax / Proof of delivery <input type="checkbox"/>						e-mail Address / Fax Number			
Total Parcels		NO. OF PARCELS		Dimensions In Centimetres		LENGTH		WIDTH	
1		1		x		FLYER.			
Goods received in full without damage (unless endorsed)					Received by UTI				
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)				
<u>ECV/NO</u>					<u>MATTHEW</u>				
Date Received:					Date Received:				
<u>050117</u>					<u>030117</u>				
Time Received:					Time Received:				
<u>0320</u>					<u>HHMM</u>				
Signature <u>[Signature]</u>					Signature <u>[Signature]</u>				

BLNS	
Customs	
Tariff	
Lines	
Depot Hand In	
Original POD Required	
P.O. Box	