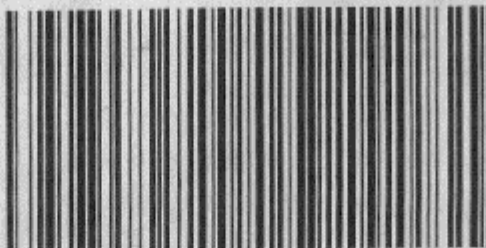


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBCD29148289

| |
|------------|
| ADDITIONAL |
| TRACKING |
| NUMBERS |

POD COPY

| Sender's Details | | Consignee's Details. Full Street Address Please | | | | | | Mark Service Required | |
|---|---------------------------|---|---------------------------|---|--------------------------------|--|---|--|--|
| Company Name LE CREUSET WATERCREST | | Company Name le creuset la lucia | | | | | | <input type="checkbox"/> Same Day | |
| Street Address INANDA ROAD WATERFALL | | Street Address Shop 3 La Lucia Mall | | | | | | <input type="checkbox"/> Express | |
| DURBAN | | 90 William Campbell Drive | | | | | | <input type="checkbox"/> With Sunrise Option | |
| Suburb | | Durban North | | | | | | <input type="checkbox"/> With Saturday Service | |
| City / Town DUR | Postal Code 3652 | City / Town Durban | Postal Code 4051 | | | | <input type="checkbox"/> Public Holiday Service | | |
| Contact | Phone 031 763 1525 | Contact ATISHA | Phone 031 512 5045 | | | | <input checked="" type="checkbox"/> Economy | | |
| Destination Country | | South Africa | Botswana | Lesotho | Namibia | Swaziland | Other | (Please Specify) | |
| Sender's Reference Stock Transfer | | Analysis Code | | | | | | | |
| SPECIAL INSTRUCTIONS | | | | | | | | | |
| Bill Charges To Account No. 027766 | | Bill To <input type="checkbox"/> Sender | | Consignee <input checked="" type="checkbox"/> | | Other (Name Please) <input type="checkbox"/> | | Depot Hand In | |
| If Consignee Or 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 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). | | | | | | | | | |
| SENDER'S AUTHORISED SIGNATURE | | | | | | DATE 18/04/18 | | | |
| e-mail / Fax / Proof of delivery <input type="checkbox"/> e-mail Address / Fax Number | | | | | | | | | |
| Total Parcels | | NO. OF PARCELS | | Dimensions In Centimetres | | HEIGHT | | Mass (kg) | |
| 3 | | Boxes | | LENGTH | | WIDTH | | MASS (kg) | |
| Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) Elizabeth | | | | | | | | | |
| Date Received: 19/04/18 | | | | | Time Received: 13:05 | | | | |
| Signature | | | | | | | | | |
| Received by UTI Name Of Courier (PLEASE PRINT CLEARLY) INAT10 | | | | | | | | | |
| Date Received: 19/04/18 | | | | | Time Received: 13:44 | | | | |
| Signature | | | | | | | | | |

Original POD Required
P.O. Box