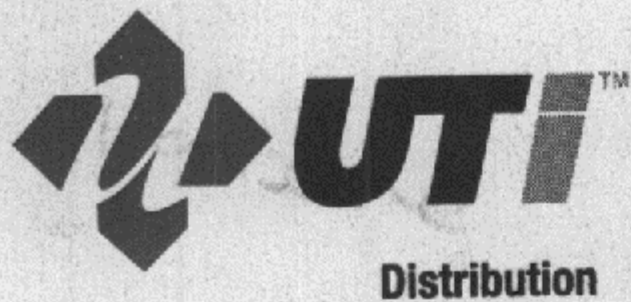


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD22731781

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name LE CREUSET -MALL OF AFR SHOP 2040		Company Name LE CREUSET UNIT 5- HERON PARK	
Street Address CNR ALLENDALE ROAD & BEN SCHOEMAN HIGHWAY		Street Address OLIVE GROVE IND. ESTATE OLD PAARDEVLEI ROAD	
Suburb WATERFALL ESTATE		Suburb SOMERSET WEST	
City / Town MID	Postal Code 2066	City / Town SOMERSET WEST (SSW)	Postal Code 7130
Contact CASSANDRA		Contact MITCHELL VAN ZYL	
Phone 011 568 2097		Phone 021 851 7178	
Destination Country <input checked="" 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)	
Sender's Reference UTI 2192134		Analysis Code	

Mark Service Required	
<input type="checkbox"/> Same Day	
<input type="checkbox"/> Express	
<input type="checkbox"/> With Sunrise Option	
<input type="checkbox"/> With Saturday Service	
<input type="checkbox"/> Public Holiday Service	
<input checked="" type="checkbox"/> Economy	
<input type="checkbox"/> After Hours	
BLNS Customs Tariff	
Depot Hand In	

SPECIAL INSTRUCTIONS

Bill Charges To Account No. **021766**

Bill To ☒ Sender ☐ Consignee ☐ Other (Name Please) ☐

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 AUTHORISED SIGNATURE *[Signature]* **DATE** **24/04/18**

Total Mass (Kg)

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1	BOX			

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY) **ELVI**

Date Received: **200418**

Time Received: **10:10**

Signature: *[Signature]*

Received By UTI

Name Of Courier (PLEASE PRINT CLEARLY) **Hughes**

Date Received: **200418**

Time Received: **1330**

Signature: *[Signature]*