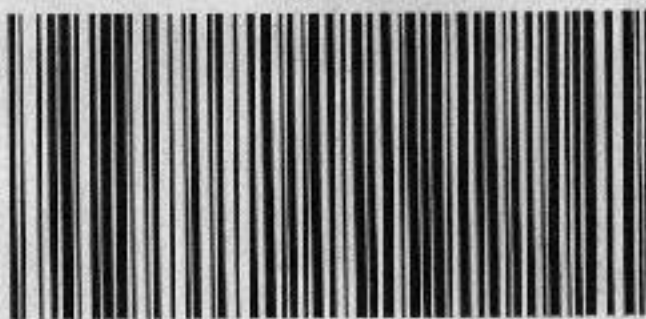


CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
 U/a UTI Distribution
 PO Box 83, The Reeds 0001
 Tel: (012) 673-2000
 Reg. No. 2004/016747/07
 VAT Reg. No. 4280213873



SUBBD23427193

ADDITIONAL	TRACKING	NUMBERS
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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: PUT		Company Name: Le Creuset				<input type="checkbox"/> Same Day	
Street Address: 1 Stellenbosch		Street Address: Shop 21 Nicolway Shopping Centre				<input type="checkbox"/> Express	
750 Ann Road		William Nicol Drive				<input type="checkbox"/> With Sunrise Option	
Suburb: Cresta Ext 3		Suburb: Bryanston				<input type="checkbox"/> With Saturday Service	
City/Town: Kenilworth		City/Town: Johannesburg				<input type="checkbox"/> Public Holiday Service	
Postal Code: 2194		Postal Code: 2021				<input checked="" type="checkbox"/> Economy	
Contact: Mansoor Doozen		Contact: Mary de Groot / Store Manager				<input type="checkbox"/> After Hours	
Phone: 079 1233 022		Phone: 011 706 2178				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country: South Africa		(Please Specify)				<input type="checkbox"/> Depot Hand In	
Sender's Reference: UTIT9035988		Analysis Code				<input type="checkbox"/> Total Mass (Kg)	
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027877 Bill To <input type="checkbox"/> Sender Consignee <input type="checkbox"/> Other (Name Please) Le Creuset <input checked="" 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).							
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							
Goods received in full without damage (unless endorsed)				Received By UTI			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
Leilicity				E1119M			
Date Received:				Date Received:			
100816				080816			
Time Received:				Time Received:			
1217				1322			
Signature: Kandee				Signature: [Signature]			

POD COPY

Version Control (09/09/12)