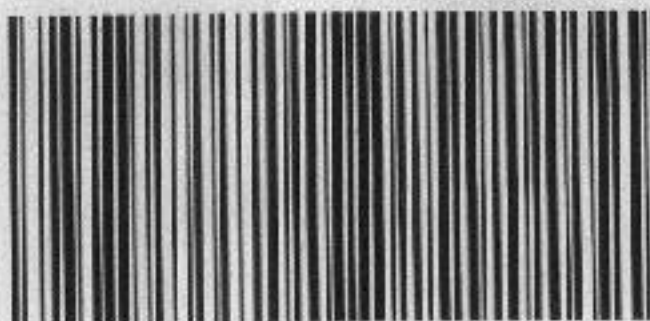


CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 63, The Reeds 006
Tel: (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD22794622

| Sender's Details | | Consignee's Details. Full Street Address Please | | Mark Service Required | |
|---|-------------------------------|---|--|--|-------------------------------------|
| Company Name | Michaelides | Company Name | Le Creuset Head Office | Same Day | <input checked="" type="checkbox"/> |
| Street Address | 12 Clyde Street | Street Address | Unit 5 Orange Grove Industrial estate | Express | <input type="checkbox"/> |
| Suburb | Knysna | Suburb | Old Paardevlei | With Sunrise Option | <input type="checkbox"/> |
| City / Town | | City / Town | Somerset West | With Saturday Service | <input type="checkbox"/> |
| Contact | Betty | Contact | Jamie | Public Holiday Service | <input type="checkbox"/> |
| Phone | 044 382 7070 | Phone | (021) 851 7178 | Economy | <input type="checkbox"/> |
| Destination Country | South Africa | Postal Code | 7130 | After Hours | <input type="checkbox"/> |
| Sender's Reference | | Analysis Code | | BLNS Customs Tariff | <input type="checkbox"/> |
| SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges. | | | | Depot Hand In <input type="checkbox"/> | |
| 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) | Total Mass (Kg) |
| 1 | | | | | |
| Goods received in full without damage (unless endorsed) Name of Receiver (PLEASE PRINT CLEARLY) Helena Date Received: 06/08/16 Time Received: 0800 Signature: A. Daniels 16.08.16 | | | | | |
| Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) K. L. ... Date Received: 05/08/16 Time Received: 1530 Signature: [Signature] | | | | | |

POD COPY

Version Control (Optional)