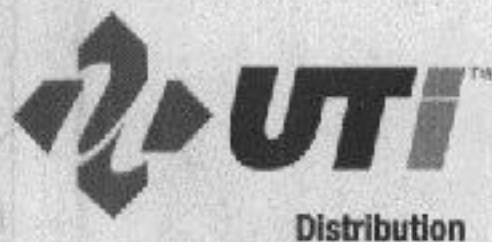
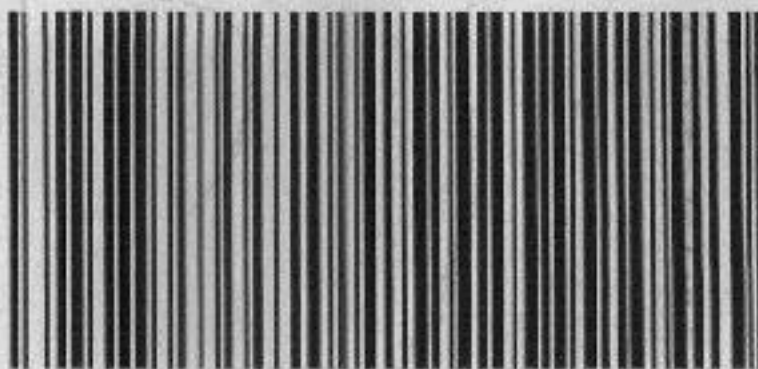


CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 53, The Reads 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD23435705

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: <u>Bobika Consulting</u>		Company Name: <u>Le Creuset</u>				<input type="checkbox"/> Same Day	
Street Address: <u>128 Fairways Estate</u>		Street Address: <u>Summerset West</u>				<input type="checkbox"/> Express	
Franchise Rd, <u>Marceldal</u>		5 Heron Park, <u>Olivegrove</u>				<input type="checkbox"/> With Sunrise Option	
Suburb: <u>Fourways</u>		Industrial Estate, <u>Summerset West</u>				<input type="checkbox"/> With Saturday Service	
City/Town: <u>Jhb</u> Postal Code: <u>2191</u>		City/Town: <u>CPT</u> Postal Code: <u>7530</u>				<input type="checkbox"/> Public Holiday Service	
Contact: <u>J C. Madoos</u>		Contact: <u>Mitchell van Zyl</u>				<input type="checkbox"/> Economy	
Phone: <u>084 702 3707</u>		Phone: <u>021 380 2100</u>				<input type="checkbox"/> After Hours	
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: <u> </u>		Analysis Code: <u> </u>		<u> </u>		<u> </u>	
SPECIAL INSTRUCTIONS Bill Charges To Account No. <u>027766</u> Bill To <input type="checkbox"/> Sender Consignee <input checked="" type="checkbox"/> Other (Name Please) <u> </u> 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		SENDER'S AUTHORISED SIGNATURE: <u>[Signature]</u>		DATE: <u>28/07/2016</u>	
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)	
<u>1</u>		<u>Helena</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>Helena</u>				Received By UTI Name Of Courier (PLEASE PRINT CLEARLY): <u>TRACKSON</u>			
Date Received: <u>01/08/16</u>		Time Received: <u>0810</u>		Date Received: <u>28/07/16</u>		Time Received: <u>1700</u>	
Signature: <u>[Signature]</u>		<u>01.08.16</u>		Signature: <u>[Signature]</u>		<u> </u>	