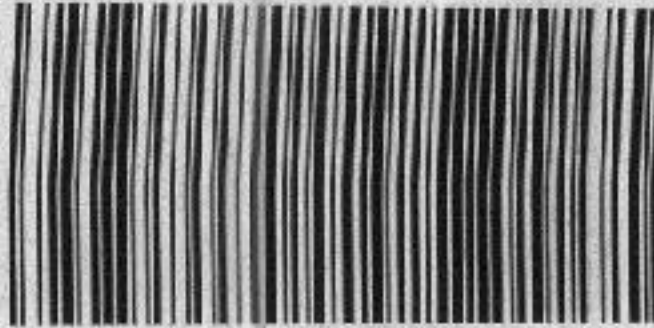


CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 63, The Reeds 0061
Tel: 012 873-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD23184798

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name	FLO MOONEY	Company Name	LE CREUSET	<input type="checkbox"/> Same Day	
Street Address	Plot 11 AZKMAAR P.O. MATAFFIN	Street Address	UNIT 5 HERON PARK OLIVE GROVE BUSINESS PARK / INDUSTRIAL SOMERSET WEST	<input type="checkbox"/> Express	
Suburb		Suburb		<input type="checkbox"/> With Sunrise Option	
City / Town		City / Town	CAPE	<input type="checkbox"/> With Saturday Service	
Postal Code	1205	Postal Code	7130	<input type="checkbox"/> Public Holiday Service	
Contact		Contact	ATT: MARY	<input checked="" type="checkbox"/> Economy	
Phone	072 1265383	Phone	021 851 7178	<input type="checkbox"/> After Hours	
Destination Country	South Africa	Other (Please Specify)		<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference		Analysis Code		<input checked="" type="checkbox"/> Drop and In	
SPECIAL INSTRUCTIONS Bill Charges To Account No. 0278777 Bill To <input type="checkbox"/> Sender <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> 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).					
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE: [Signature] DATE: 09/16	
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)
1	1 Marchall	30	30	14	1
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) MARKCHALL			Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) NADIA		
Date Received: 09/09/16		Time Received: 0900		Date Received: 06/09/16	
Signature: [Signature]				Signature: [Signature]	

Version Control (00000000)