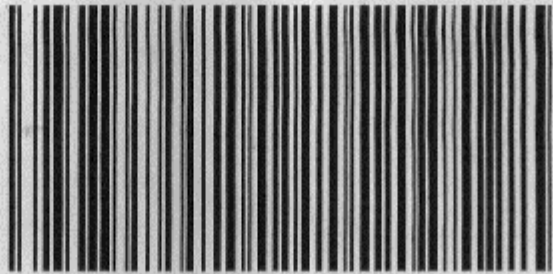


CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
Via UTI Sun Couriers
PO Box 83, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213973



SUBBD21321251

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required	
Company Name <u>Le creuset</u>		Company Name <u>Le creuset</u>					<input type="checkbox"/> Same Day	
Street Address <u>Shop 71</u>		Street Address <u>Unit 5 heropark</u>					<input checked="" type="checkbox"/> Express	
<u>Upper mall</u>		<u>ofat Paardevels Rd</u>					<input type="checkbox"/> With Sunrise Option	
<u>and Jan smuts</u>		<u>Industrial Estate</u>					<input type="checkbox"/> With Saturday Service	
Suburb <u>Sandton</u>		Suburb <u>Somerset West</u>					<input type="checkbox"/> Public Holiday Service	
City / Town <u>JHB</u> Postal Code <u>2190</u>		City / Town <u>Cape town</u> Postal Code <u>7129</u>					<input type="checkbox"/> Economy	
Contact <u>Petencia</u>		Contact <u>Vicky</u>					<input type="checkbox"/> After Hours	
Phone <u>(021) 325-5606</u>		Phone <u>021-551-7178</u>					<input type="checkbox"/> BLNS Customs Tariff	
Destination Country <input 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)							<input type="checkbox"/> Depot Hand In	
Sender's Reference		Analysis Code					<input type="checkbox"/> Original POD Required PC Box	
SPECIAL INSTRUCTIONS								
Bill Charges To Account No. <input type="checkbox"/>		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.								
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 SUN COURIERS LIMITS ITS LIABILITY TO R 250.00 PER SHIPMENT. (SEE CLAUSE 12.5 OVERLEAF). IF YOU WISH UTI SUN COURIERS TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSES 12.5, 12.6 AND 12.7 OVERLEAF).								
<i>[Signature]</i>					03/04/18			
SENDER'S AUTHORISED SIGNATURE					DATE			
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)			
<u>1</u>	<u>1</u>	<u>Ayer</u>						
Goods received in full without damage (unless endorsed)				Received By UTI				
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)				
<u>J B ENAOE</u>				<u>[Signature]</u>				
Date Received:		Time Received:		Date Received:		Time Received:		
<u>040418</u>		<u>0926</u>		<u>030418</u>		<u>1600</u>		
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>				

POD COPY

Version Control 103-2010