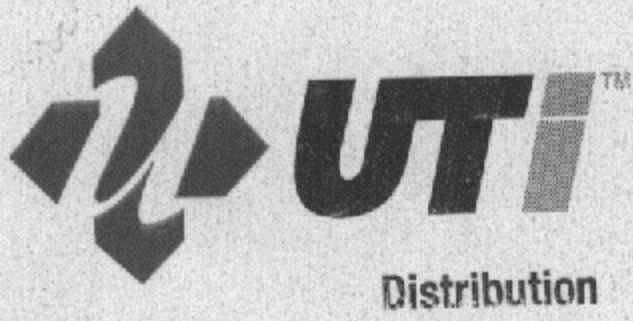
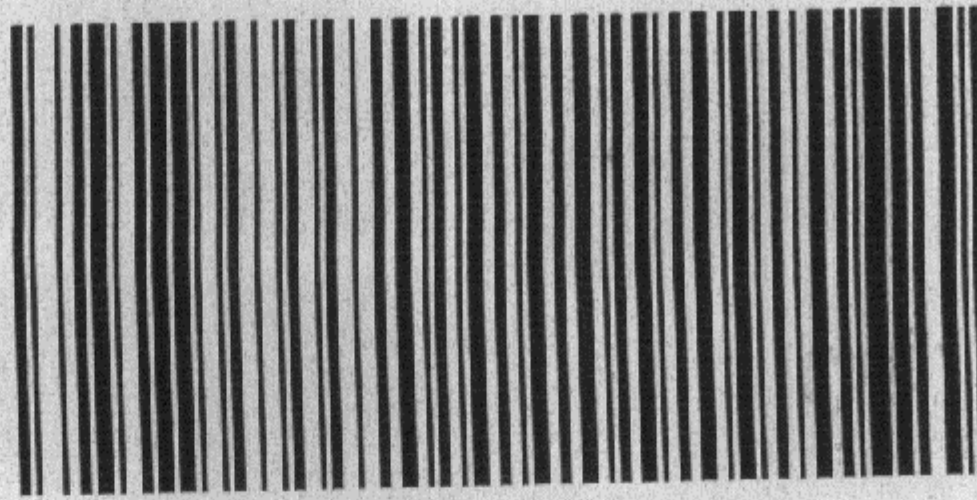


CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD23326281

ADDITIONAL TRACKING NUMBERS
damages

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required
Company Name LE CREUSET KILLARNEY SHOP 100 KILLARNEY MALL		Company Name Le Creuset SA					<input type="checkbox"/> Same Day
Street Address 60 RIVIERA ROAD		Street Address Unit 1 HERON PARK OLIVE GROVE INDUSTRIAL ESTATE OLD PAARDEVLEI ROAD SOMERSET WEST					
Suburb KILLARNEY		Suburb SOMERSET WEST					<input type="checkbox"/> Express
City / Town JNB	Postal Code 2193	City / Town CAPE TOWN Postal Code					<input type="checkbox"/> With Sunrise Option
Contact CASSANDRA		Contact Genna					<input type="checkbox"/> With Saturday Service
Phone 011 646 6316		Phone 021 850 7178					<input type="checkbox"/> Public Holiday Service
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 checked="" type="checkbox"/> Economy
Sender's Reference		Analysis Code					<input type="checkbox"/> After Hours
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027756		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)					<input type="checkbox"/> BLNS Customs Tariff
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					<input type="checkbox"/> Depot Hand In
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (K)	
1							
Goods received in full without damage (unless endorsed)					Received By UTi		
Name Of Receiver (PLEASE PRINT CLEARLY) N. M. M. M.					Name Of Courier (PLEASE PRINT CLEARLY) JOL		
Date Received: 10/01/18			Time Received: 08:17:0		Date Recd.: 08/01/18		
Signature: <i>[Signature]</i>					Signature: <i>[Signature]</i>		

POD COPY

Version Control (05/2010)