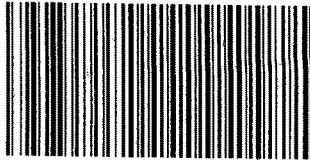


CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
 t/a UTI Distribution
 PO Box 63, The Reeds 0061
 Tel (012) 673-2000
 Reg. No. 2804/015747/07
 VAT Reg. No. 4269213873



SUBBD23326398

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required <input type="checkbox"/>			
Company Name LE CROUSET KILLARNEY SHOP 100 KILLARNEY HILL				Company Name Le Crouset Walmer				Sms Day <input type="checkbox"/>			
Street Address 69 KIVVERA ROAD				Street Address Shop 03 Walmer R Shopping Centre				Express <input type="checkbox"/>			
Suburb KILLARNEY				Suburb Walmer				With Sunrise Option <input type="checkbox"/>			
City/Town JNB		Postal Code 2103		City/Town Port Elizabeth		Postal Code 6070		With Saturday Service <input type="checkbox"/>			
Contact CASHMERE				Contact 041 507 2578 Rene				Public Holiday Service <input type="checkbox"/>			
Phone 011 645 6386				Phone 041 367 2318				Economy <input type="checkbox"/>			
Destination Country		South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)		After Hours <input type="checkbox"/>		
Sender's Reference				Analysis Code				BLNS Customs Teriff <input type="checkbox"/>			
SPECIAL INSTRUCTIONS											
Bill Charges To Account No. 087755		Bill To Sender <input checked="" type="checkbox"/>	Consignee <input type="checkbox"/>	Other (Name Please) <input type="checkbox"/>	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)			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) Shireen		Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) RAS		Date Received: 020118		Time Received: 12:21		Date Recd: 29/12/17		Time Received: 1:00	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>							

Version Control (02/2014)