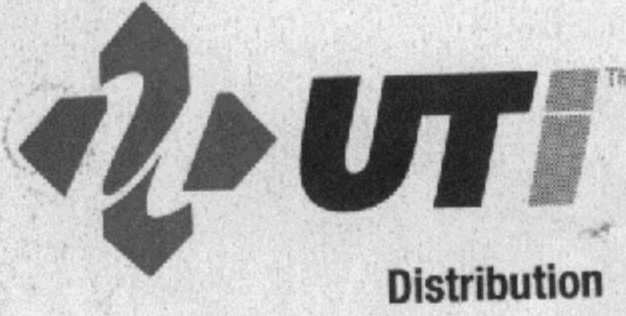


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD23683312

ADDITIONAL					
TRACKING					
NUMBERS					

<b>Sender's Details</b> Company Name: <u>le-Creuset</u> Street Address: <u>Shop 3126 Centurion mall</u> <u>Heuwel Avenue</u> Suburb: <u>Centurion</u> City/Town: <u>Pretoria</u> Postal Code: <u>0157</u> Contact: <u>SISA</u> Phone: <u>012 004 0217</u>		<b>Consignee's Details. Full Street Address Please</b> Company Name: <u>le Creuset</u> Street Address: <u>Unit 5 Heron Park</u> <u>Olive Grove Industrial Estate</u> <u>Old Paardevlei Road</u> Suburb: <u>Somerset west</u> City/Town: <u>CAPE-TOWN</u> Postal Code: <u>Jenna</u> Contact: <u>Jenna</u> Phone: <u>021 851 7178</u>		Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours BLNS Customs Tariff <input type="checkbox"/> Depot Hand In
Destination Country: South Africa / Botswana / Lesotho / Namibia / Swaziland / Other (Please Specify)	Sender's Reference: <u>UT 1 96 4 2 9 3 3</u>	Analysis Code:	Total Mass (Kg)	
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <u>027766</u> Bill To: <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)		SENDER'S AUTHORISED SIGNATURE: <u>[Signature]</u> DATE: <u>02/01/18</u>		
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).				
Total Parcels: <u>1</u>		NO. OF PARCELS PER DIMENSIONS: <u>BOX</u>	LENGTH (CM): <u>10</u> WIDTH (CM): <u>8</u> HEIGHT (CM):	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>Masa</u> Date Received: <u>04/01/18</u> Signature: <u>[Signature]</u>		Received By UTi Name Of Courier (PLEASE PRINT CLEARLY): <u>Peter</u> Date Received: <u>02/01/18</u> Signature: <u>[Signature]</u> Time Received: <u>14:28</u>		

POD COPY

Version Control (06/2010)