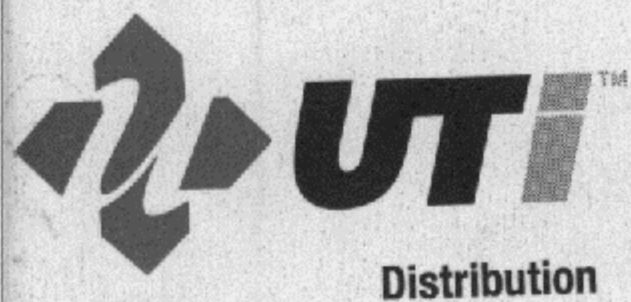


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD23683326

Sender's Details Company Name: <u>Le Creuset</u> Street Address: <u>Shop 312E Centurion Mall</u> <u>Heunel Ave 3, Gordon hood id.</u> Suburb: <u>Centurion</u> City/Town: <u>Pretoria</u> Postal Code: <u>0157</u> Contact: <u>Eureka</u> Phone: <u>012 004 0217</u>		Consignee's Details. Full Street Address Please Company Name: <u>Le Creuset.</u> Street Address: <u>Unit 1, Heron Park</u> <u>Olive Grove industrial Estat.</u> <u>Old Paardevlei road</u> <u>Somerset West</u> Suburb: <u> </u> City/Town: <u>Cape Town</u> Postal Code: <u>8001</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 checked="" type="checkbox"/> After Hours BLNS Customs Tariff Depot Hand In
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 type="checkbox"/> Other (Please Specify)		Analysis Code: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Sender's Reference: <u>uti 2345255</u>				
SPECIAL INSTRUCTIONS Bill Charges To Account No. <u>027766</u> Bill To <input checked="" 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 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 AUTHORIZED SIGNATURE: <u>[Signature]</u> DATE: <u>08/05/2018</u>		
Total Parcels: <u>1</u>		NO. OF PARCELS PER DIMENSIONS: <u>Box</u>		
LENGTH (CM): <u> </u>		WIDTH (CM): <u>1245</u>		
HEIGHT (CM): <u> </u>		Total Mass (Kg): <u> </u>		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>EZEMELI</u>		Received By UTI Name Of Courier (PLEASE PRINT CLEARLY): <u>EZEMELI</u>		
Date Received: <u>080518</u>		Date Received: <u>080518</u>		
Time Received: <u>1245</u>		Time Received: <u>1015</u>		
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>		

POD COPY

Sign Control (06/2010)