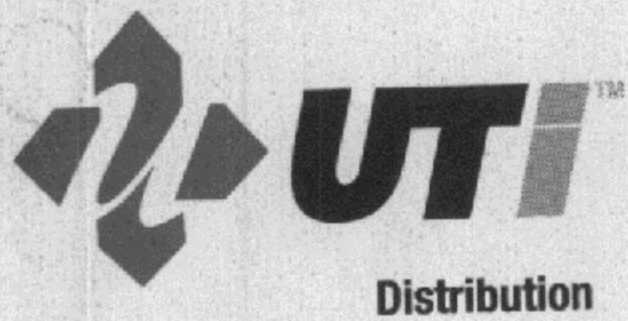
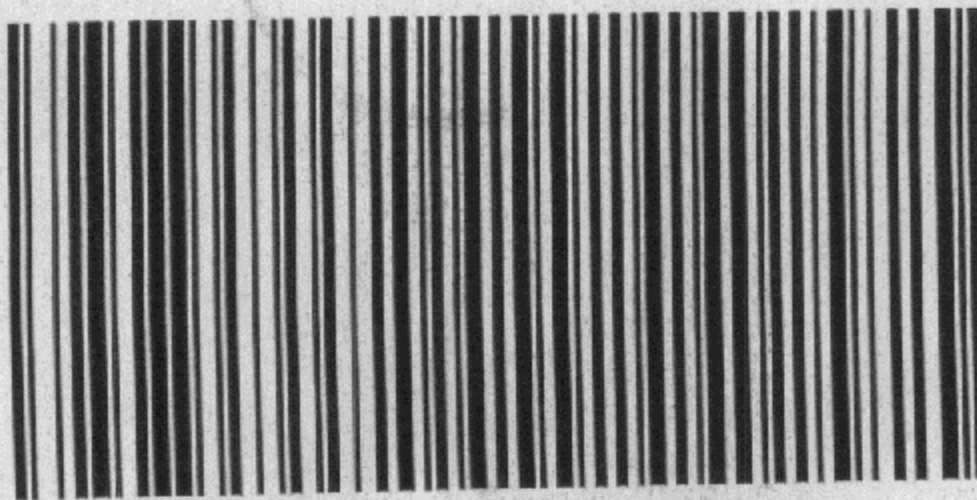


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD23683394

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name Le Creuset Centurion		Company Name Le Creuset V3A Waterfront				<input type="checkbox"/> Same Day	
Street Address Shop 312 E; Centurion Mall Heunel Ave 3 Gordon Hood Rd.		Street Address V3A Waterfront Shop 6197 Victoria Wharf Centre				<input type="checkbox"/> Express	
Suburb Centurion		Suburb Cape Town				<input type="checkbox"/> With Sunrise Option	
City / Town Pretoria Postal Code 0157		City / Town Cape Town Postal Code 8001				<input type="checkbox"/> With Saturday Service	
Contact Sisa		Contact Cindy				<input type="checkbox"/> Public Holiday Service	
Phone 012 004 0217		Phone 021 421 8521				<input checked="" type="checkbox"/> Economy <input checked="" type="checkbox"/>	
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"/> After Hours	
Sender's Reference uti 0270751		Analysis Code				BLNS Customs Tariff	

SPECIAL INSTRUCTIONS

Bill Charges To Account No. **027766** Bill To Sender Consignee Other (Name Please)

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).

SENDER'S AUTHORIZED SIGNATURE *[Signature]* DATE **30/01/2018**

e-mail / Fax / Proof of Delivery e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1	BOX			

Goods received in full without damage (unless endorsed)		Received By UTI	
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)	
KIM		H. J. J. J.	
Date Received:		Date Received:	
020218		310118	
Time Received:		Time Received:	
13H52		1225	
Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	

POD COPY

Version Control (06/2010)