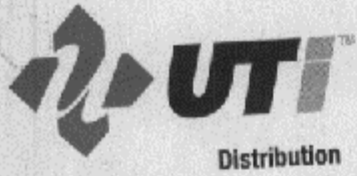


CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 63, The Reeds 0051
Tel (012) 873-2000
Reg. No. 2004/016747/07
VAT Reg. No. 4200213873



SUBBD23683396

Sender's Details Company Name: <u>La Creuset Centurion</u> Street Address: <u>Shop 512E Centurion</u> <u>mail</u> <u>Heywel Avenue</u> Suburb: <u>Centurion</u> City/Town: <u>Pretoria</u> Postal Code: <u>00157</u> Contact: <u>Siasa</u> Phone: <u>012 004 0217</u>		Consignee's Details. Full Street Address Please Company Name: <u>La Creuset</u> Street Address: <u>Unit 5 Heron Park</u> <u>Olive Grove Industrial Park</u> <u>Old Paardevel Road</u> Suburb: <u>Somerset West</u> City/Town: <u>Cape-Town</u> Postal Code: <u> </u> Contact: <u>Jicky</u> Phone: <u>021 851 7178</u>		Mark Service Required <input type="checkbox"/> Same Day <input checked="" type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input type="checkbox"/> Economy <input type="checkbox"/> After Hours BLNS Customs Tariff <input type="checkbox"/> Depot Hand In
Destination Country: <u>ZA</u> South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)		Analysis Code: <u> </u>		
Sender's Reference: <u>UE17706538</u>				
SPECIAL INSTRUCTIONS Bill Charges To Account No: <u>027766</u> Bill To: <input 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: <u> </u>		SENDER'S AUTHORISED SIGNATURE: <u>[Signature]</u> DATE: <u>16/01/2018</u>		
Total Parcels: <u>1</u>	NO. OF PARCELS PER DIMENSIONS: <u>Flyer</u>	LENGTH (CM): <u> </u>	WIDTH (CM): <u> </u>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>DE BEER</u>		Received By UTI Name Of Courier (PLEASE PRINT CLEARLY): <u>[Signature]</u>		
Date Received: <u>17/01/18</u>		Date Received: <u>16/01/18</u>		
Time Received: <u>0930</u>		Time Received: <u>1330</u>		
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>		

POD COPY

Version Control (06/2010)