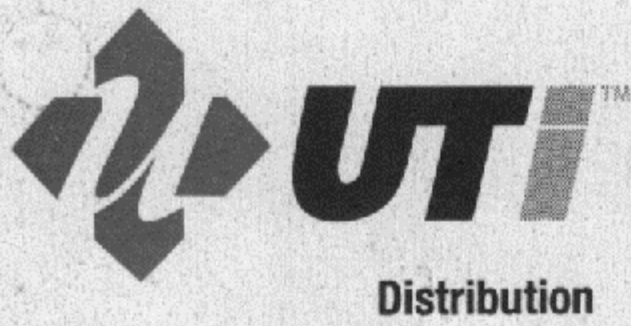
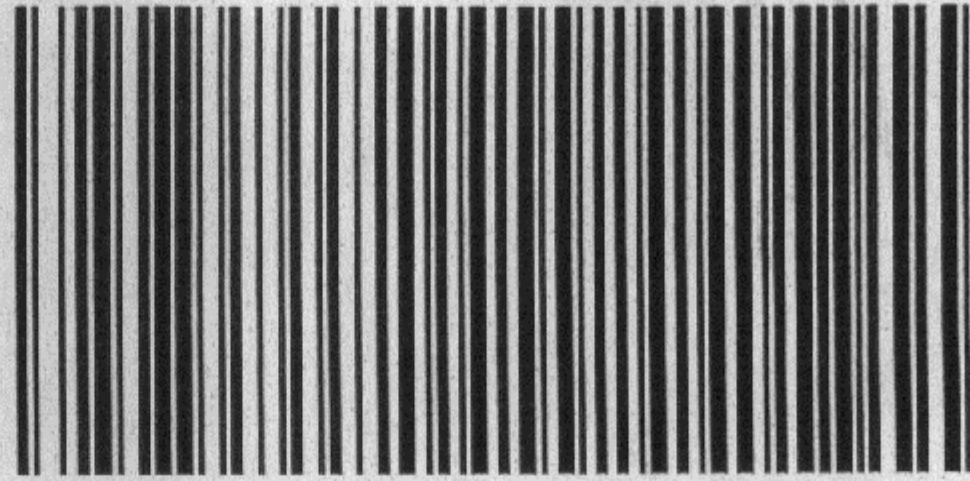


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD23683397

ADDITIONAL									
TRACKING									
NUMBERS									

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <u>Le Creuset</u>		Company Name <u>Le Creuset</u>						<input type="checkbox"/> Same Day	
Street Address <u>Shop 312 Upper Level</u>		Street Address <u>Unit 1 Heron Park</u>						<input type="checkbox"/> Express	
<u>Centurion Mall</u>		<u>Olive Grove Industrial Estate</u>						<input type="checkbox"/> With Sunrise Opt.	
<u>Heuwel Avenue</u>		<u>Old Paarl Road.</u>						<input type="checkbox"/> With Saturday Ser	
<u>Centurion</u>		<u>Somerset West</u>						<input type="checkbox"/> Public Holiday Sr	
Suburb		Suburb						<input checked="" type="checkbox"/> Econom	
City / Town <u>Pretoria</u> Postal Code <u>0157</u>		City / Town <u>Cape Town</u> Postal Code <u>7129</u>						<input type="checkbox"/> After Hou	
Contact <u>Sisa</u>		Contact <u>Lauren</u>						<input type="checkbox"/> BLNS Customs Tariff	
Phone <u>012 004 0217</u>		Phone <u>012 851 7178</u>						<input type="checkbox"/> Depot Hand	
Destination Country		South Africa		Botswana		Lesotho		Namibia	
								Swaziland	
								Other (Please Specify)	
Sender's Reference <u>UT19642533</u>		Analysis Code							
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. <u>027766</u>		Bill To 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).									
SENDER'S AUTHORISED SIGNATURE <u>[Signature]</u>						DATE <u>02/01/2018</u>		Total Mass	
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)	
<u>1</u>		<u>Flyer</u>							
Goods received in full without damage (unless endorsed)					Received By UTi				
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Consignee (PLEASE PRINT CLEARLY)				
<u>JENNA</u>					<u>[Signature]</u>				
Date Received:					Date Received:				
<u>040118</u>					<u>020118</u>				
Time Received:					Time Received:				
<u>0830</u>					<u>1425</u>				
Signature: <u>[Signature]</u>					Signature: <u>[Signature]</u>				

POD COPY

Version Control (06/2010)