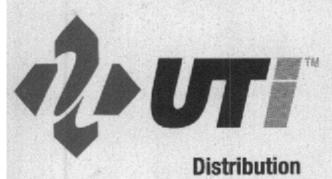
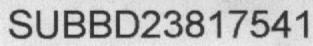
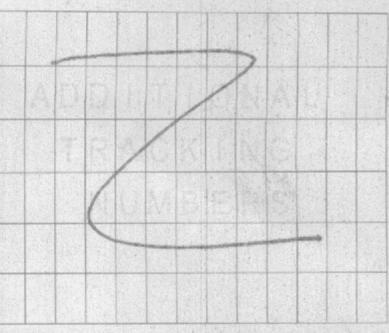
CONTRACT FOR CARRIAGE / DISPATCH NOTE



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







Sender's Details	Consignee's Details. Full Street Address Please	Mark Service Required
Company Name	Company Name LE CREUSET CPT	Same Day
Company NameLE CREUSET DBN		Fynrage
Street Address	Street Address UNIT 5 HERON PARK	With Sunrise Option
PAVILION SHOPPING CENTER	OLIVE GROVE	With Saturday Service
JACK MAARTENS DRIVE	OLD PAARDEVLEI ROAD	Public Holiday Service
Suburb WESTVILLE	Suburb SOMERSET WEST	Economy
City / Town Postal Code	City/Town Postal Code	After Hours
Phone031 265 8455		Gustoms
Destination Country South Africa Botswa	na Lesotho Namibia Swaziland Other (Please Specify)	Tariff
Sender's Reference	Analysis Code	Depot Hand In
SPECIAL INSTRUCTIONS		THE REPORT OF THE PARTY OF THE
Bill Charges To Account No. Bill To Sender	Consignee Other (Name Please)	
IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALI BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS S 12.14 OVERLEAF). GOODS ARE SHIPPED AT OWNER'S RISK, SI FOR CARRIAGE OVERLEAF. UTI DISTRIBUTION LIMITS ITS PER SHIPMENT. (SEE CLAUSE 12.5 OVERLEAF). IF YOU W TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS DECLARED IN THE SPACE PROVIDED. (SEE CLAUSE 12.5,12.6)	INPER. (SEE CLAUSE IBJECT TO CONTRACT IABILITY TO R 250.00 SH UTI DISTRIBUTION SHIPMENT MUST BE SENDER'S AUTHORISED SIGNATURE DATE	O18 Total Mass (Kg
e-mail / Fax / Proof of Delivery e-mail Address / Fax	[18] (18) [18] [18] [18] [18] [18] [18] [18] [18]	
Total Parcels No. of Parcels PER DIMENSIONS I X FL	LENGTH (CM) WIDTH (CM) HEIGHT(CM)	
Goods received in full without damage (unle Name Of Receiver (PLEASE PRINT CLEARLY) Date Received:	Received By UTi Name Of Courier (PLEASE PRINT CLEARLY) Time Received: Date Received: Signature:	Time Received: