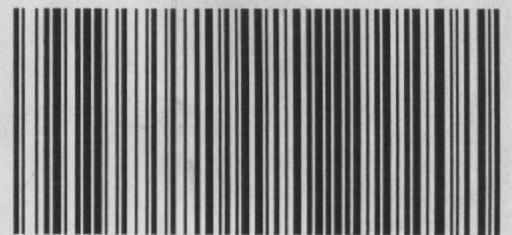
CONTRACT FOR CARRIAGE / DISPATCH NOTE



Signature:

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



SUBBD23817555



	Sender's Details	Consignee's Details. Full Street Address Please	Mark Service Required
	Company Name LE CREUSET OBN	Company Name LE CREUSET CPT	Same Day
	Street Address SHOP - UL 262	Street Address UNIT 5 HERON PARK	Express
	PAVILION SHOPPING CENTER	OLIVE GROVE	With Sunrise Option
			With Saturday Service
	JACK MAARTENS DRIVE	OLD PAARDEVLEI ROAD	Public Holiday Service
	Suburb WESTVILLE	SUBURD SOMERSET WEST	Economy
	City / Town Postal Code 4000	City/Town CAPE TOWN (CPT) Contact ATT: JENNA FRANCI	After Hours
	Phone 031 265 8455	Phone 021 851 7178	BLNS Customs
	Destination Country South Africa Botswana	Lesotho Namibia Swaziland Other (Please Specify)	Tariff
_	Sender's Reference 471 143905	S 6 Analysis Code	Depot Hand In
á	SPECIAL INSTRUCTIONS ASSESSMENT PRODUCT		(hand had had
00	To Account No. Sender	Consignee Other (Name Please)	
POD	IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGUL BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER. 12.14 OVERLEAF). GOODS ARE SHIPPED AT OWNER'S RISK, SUBJECT FOR CARRIAGE OVERLEAF. UTI DISTRIBUTION LIMITS ITS LIABILITY PER SHIPMENT. (SEE CLAUSE 12.5 OVERLEAF). IF YOU WISH UTI TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMED DECLARED IN THE SPACE PROVIDED. (SEE CLAUSE 12.5,12.6 AND 12.5).	(SEE CLAUSE TO CONTRACT Y TO R 250.00 DISTRIBUTION SENDER'S AUTHORISED SIGNATURE DATE	Total Mass (Kg
	e-mail / Fax / Proof of Delivery e-mail Address / Fax Number		
	Total Parcels NO. OF PARCELS PER DIMENSIONS	LENGTH (CM) HEIGHT(CM)	
		604 / 201	
	Goods received in full without damage (unless end Name Of Receiver (PLEASE PRINT CLEARLY) Date Received: 790818	Received By UTi Name Of Courier (PLEASE PRINT CLEARLY) Date Received: Date Received: Date Received:	Time Received:

Signature: