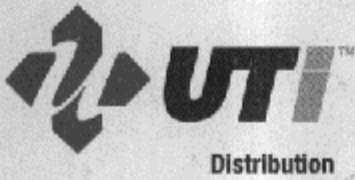


CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
 t/a UTI Distribution
 PO Box 83, The Reeds 0081
 Tel (012) 673-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4260213873

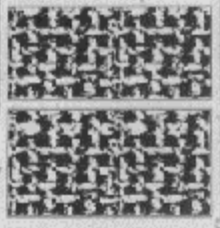


SUBBD24006614

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Le Creuset Menlyn</u>				Company Name <u>Le Creuset</u>				<input type="checkbox"/> Same Day	
Street Address <u>Shop 12 January Masitella and Amorbond Drive</u>				Street Address <u>Unit 5 Heron Park Industrial Estate Old Paardevlei Road</u>				<input type="checkbox"/> Express	
Suburb <u>Waterkloof ext 2</u>				Suburb <u>Somerset West</u>				<input type="checkbox"/> With Sunrise Option	
City/Town <u>Hretoria</u>		Postal Code <u>0181</u>		City/Town <u>Cape Town</u>		Postal Code <u>8001</u>		<input type="checkbox"/> With Saturday Service	
Contact <u>toni</u>				Contact <u>Lisa</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>012 004 0082</u>				Phone <u>021 851 7178</u>				<input checked="" type="checkbox"/> Economy	
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)		<input type="checkbox"/> Swaziland		<input type="checkbox"/> Other (Please Specify)		<input type="checkbox"/> After Hours	
Sender's Reference <u>UTI: 0891699</u>				Analysis Code				<input type="checkbox"/> BLNS	
SPECIAL INSTRUCTIONS				If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.				<input type="checkbox"/> Customs Tariff	
Bill Charges To Account No. <u>027766</u>		Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		<input type="checkbox"/> Depot Hand In	
<p>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).</p>									
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)	
1		Flyer							
Goods received in full without damage (unless endorsed)					Received By UTI				
Name Of Receiver (PLEASE PRINT CLEARLY) <u>Mason</u>					Name Of Courier (PLEASE PRINT CLEARLY) <u>M. N.</u>				
Date Received: <u>01/03/18</u>		Time Received: <u>09H30</u>			Date Received: <u>27/02/18</u>		Time Received: <u>11:20</u>		
Signature: <u>[Signature]</u>					Signature: <u>[Signature]</u>				

POD COPY

Version Control: 01/02/2013



Total Mass (Kg)