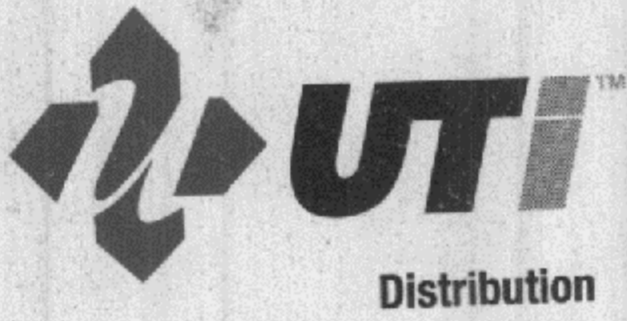


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD24006619

S	4	B	H	T	C	4	8	2	5	3	C	7
S	4	B	H	T	C	4	8	2	5	3	O	8
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 12 January Masilela and Amadiba Drive</u>		Street Address <u>Unit 5 Heron Park Old Paardewal Road Olive Grove Industrial Estate</u>				<input type="checkbox"/> Express	
Suburb <u>Waterloofontein</u>		Suburb <u>Somerset West</u>				<input type="checkbox"/> With Sunrise Option	
City / Town <u>Phuthiatho</u> Postal Code <u>0108</u>		City / Town <u>Cape Town</u> Postal Code <u>8001</u>				<input type="checkbox"/> With Saturday Service	
Contact <u>Tom</u>		Contact <u>Lauren</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>017 004 0082</u>		Phone <u>021 851 7178</u>				<input 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		Analysis Code				<input type="checkbox"/> After Hours	
Sender's Reference <u>UTI 0266554</u>						<input type="checkbox"/> BLNS Customs Tariff	
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.			
<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)	
<u>03</u>							
<p>Goods received in full without damage (unless endorsed)</p> <p>Name Of Receiver (PLEASE PRINT CLEARLY) <u>Elvino</u></p> <p>Date Received: <u>050218</u> Time Received: <u>1030</u></p> <p>Signature: <u>[Signature]</u></p>							
<p>Received By UTi</p> <p>Name Of Courier (PLEASE PRINT CLEARLY) <u>Imoca</u></p> <p>Date Received: <u>310118</u> Time Received: <u>1450</u></p> <p>Signature: <u>[Signature]</u></p>							

POD COPY

Version Control (06/2010)