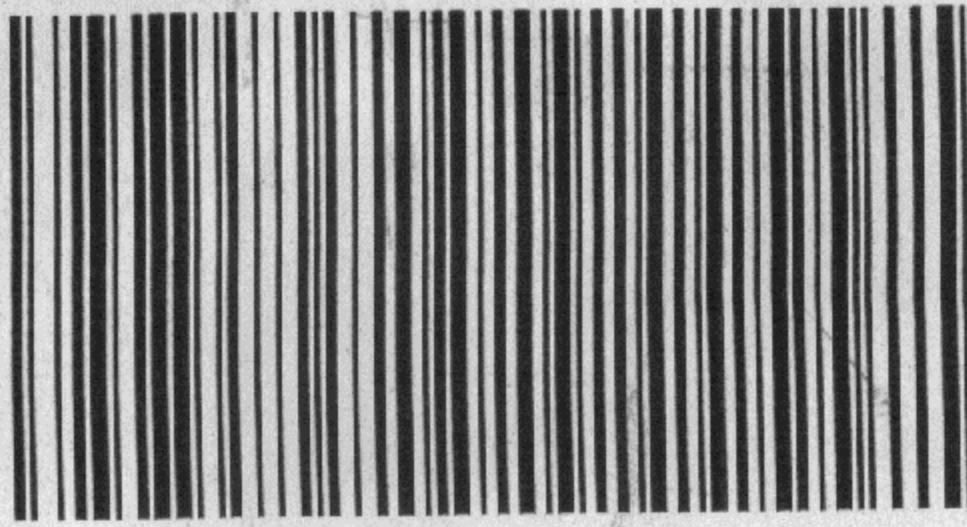


CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
 t/a UTI Sun Couriers
 PO Box 63, The Reeds 0061
 Tel (012) 673-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4260213873



SUBCD25283344

Sender's Details Company Name: LE CREUSET HYDE PARK Street Address: C/O 6TH RD & JAN SMUTS SHOP 71 UPPER MALL LEVEL 6 HYDEPARK SANDTON Suburb: JNB City / Town: JNB Postal Code: 2196 Contact: SIMONE PRINGLE PAT Phone: 011 325 5606			Consignee's Details. Full Street Address Please Company Name: LE CREUSET Street Address: UNIT 5 HERON PARK OLIVE GROVE OLD PAARDEVLET ROAD SOMERSET WEST Suburb: SOMERSET WEST (SSW) City / Town: SOMERSET WEST (SSW) Postal Code: Contact: 021 851 7178 Jenna Phone:			Mark Service Required Same Day Express With Sunrise Option With Saturday Service Public Holiday Service Economy After Hours BLNS Customs Tariff Lines Depot Hand In		
Destination Country: South Africa Botswana Lesotho Namibia Swaziland Other / (Please Specify)			Analysis Code					
Sender's Reference								
SPECIAL INSTRUCTIONS								
Bill Charges To Account No. 027766		Bill To Sender <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> If Consignee Or 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 SUN COURIERS LIMITS ITS LIABILITY TO R250,00 PER SHIPMENT. (SEE CLAUSE 12.5 OVERLEAF). IF YOU WISH UTI SUN COURIERS TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSES 12.5, 12.6 AND 12.7 OVERLEAF).								
e-mail / Fax / Proof of delivery <input type="checkbox"/>			e-mail Address / Fax Number					
Dimensions In Centimetres								
Total Parcels		NO. OF PARCELS		MASS (kg)				
LENGTH		WIDTH		HEIGHT				
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) Date Received: 04 01 18 Time Received: 09H30 Signature:								
Received by UTI Name Of Courier (PLEASE PRINT CLEARLY) Date Received: 02 01 17 Time Received: 11 23 Signature:								

POD COPY

Lithotech (011) 474-3028 Version Control (10/2012) SUNCS0014 10/12