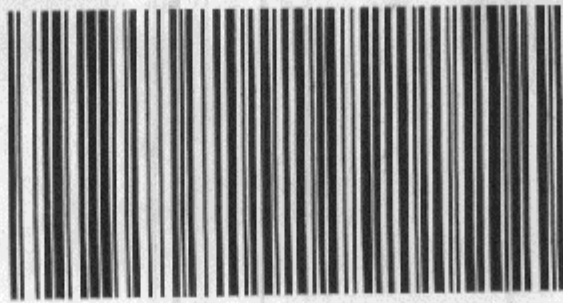


CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTi South Africa (Pty) Ltd  
 t/a UTi Sun Couriers  
 PO Box 83, The Reeds 0061  
 Tel (012) 673-2000  
 Reg. No. 2004/015747/07  
 VAT Reg. No. 4260213873




SUBCD26250220

POD COPY

<b>Sender's Details</b> Company Name <b>LE CREUSET</b> Street Address <b>SHOP UL 262,</b> <b>PAVILION SHOPPING CENTRE</b> <b>JACK MAARTIENS DRIVE</b> Suburb <b>WESTVILLE</b> City / Town <b>DUR</b> Postal Code <b>4000</b> Contact <b>RASHREE / BERNICE</b> Phone <b>031 265 8455</b>		<b>Consignee's Details. Full Street Address Please</b> Company Name <b>LE CREUSET CPT</b> Street Address <b>UNIT 5, HERON PARK</b> <b>OLIVE GROVE IND-ESTATE</b> <b>SOMERSET WEST</b> Suburb City / Town <b>SOMERSET WEST (SSW)</b> Postal Code <b>8000</b> Contact <b>ACCOUNTS / VICKY</b> Phone <b>021 851 7178</b>		<b>Mark Service Required</b> <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours <input type="checkbox"/> BLNS <input type="checkbox"/> Customs <input type="checkbox"/> Tariff <input type="checkbox"/> Lines <input type="checkbox"/> Depot Hand In <input type="checkbox"/> Original POC Required <input type="checkbox"/> P.O. Box
Destination Country: South Africa <input checked="" type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/>		Analysis Code: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Sender's Reference: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <b>027766</b> Bill To <input checked="" type="checkbox"/> Sender <input 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). SENDER'S AUTHORISED SIGNATURE: <i>Re</i> DATE: <b>2/01/2018</b>				
e-mail / Fax / Proof of delivery <input type="checkbox"/> e-mail Address / Fax Number		<b>Dimensions In Centimetres</b> LENGTH WIDTH HEIGHT Mass (kg)		
Total Parcels: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NO. OF PARCELS: <b>1 X FLYER</b>	LENGTH: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	WIDTH: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
HEIGHT: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mass (kg): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <b>J BENADE</b> Date Received: <b>09 01 18</b> Time Received: <b>08 45</b> Signature: <i>Bena</i>		
Received by UTI Name Of Courier (PLEASE PRINT CLEARLY): <b>AARON</b> Date Received: <b>02 01 18</b> Time Received: <b>14 6 20</b> Signature: <i>Aaron</i>				

L:protech S... (011) 474 1628. Visi-scan Central (10/2012). 94400014 1012