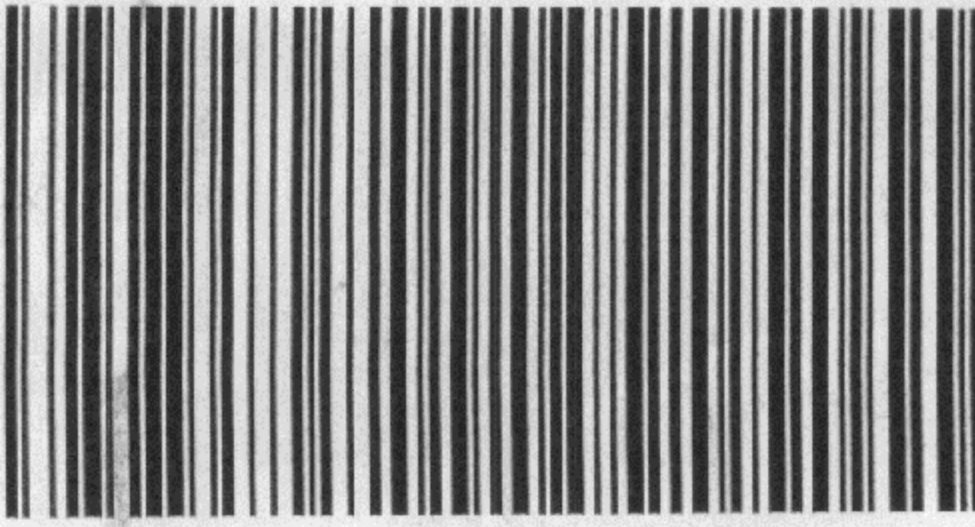


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



ADDITIONAL
TRACKING
NUMBERS

SUBCD26250242

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET		Company Name LE CREUSET CPT				<input type="checkbox"/> Same Day	
Street Address SHOP UL 262,		Street Address UNIT 5, HERON PARK				<input type="checkbox"/> Express	
PAVILION SHOPPING CENTRE		OLIVE GROVE IND ESTATE				<input type="checkbox"/> With Sunrise Option	
JACK MAARTENS DRIVE		SOMERSET WEST				<input type="checkbox"/> With Saturday Service	
Suburb WESTVILLE		Suburb				<input type="checkbox"/> Public Holiday Service	
City / Town DUR	Postal Code 4000	City / Town SOMERSET WEST (SSW)		Postal Code 8000		<input type="checkbox"/> Economy	
Contact RASHREE / BERNICE		Contact LISA				<input type="checkbox"/> After Hours	
Phone 031 265 8455		Phone 021 851 7178				<input type="checkbox"/> BLNS Customs Tariff Lines	
Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)	
Sender's Reference		Analysis Code				<input type="checkbox"/> Depot Hand In	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027756	Bill To Sender <input checked="" type="checkbox"/>	Consignee <input type="checkbox"/>	Other (Name Please) <input type="checkbox"/>				<input type="checkbox"/> Original POD Required P.O. Box
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			
Total Parcels	NO. OF PARCELS	Dimensions In Centimetres			Mass (kg)		
<input type="text" value="1"/>	1 X FLYER	LENGTH	WIDTH	HEIGHT	<input type="text"/>		
Goods received in full without damage (unless endorsed)				Received by UTI			
Name Of Receiver (PLEASE PRINT CLEARLY) ERVINO				Name Of Courier (PLEASE PRINT CLEARLY) SHAWU			
Date Received: 190218		Time Received: 0955		Date Received: 150218		Time Received: 1700	
Signature				Signature			

Lihotech S.J (011) 474-1826 Version Control (10/2012) SUNCD014 10/12