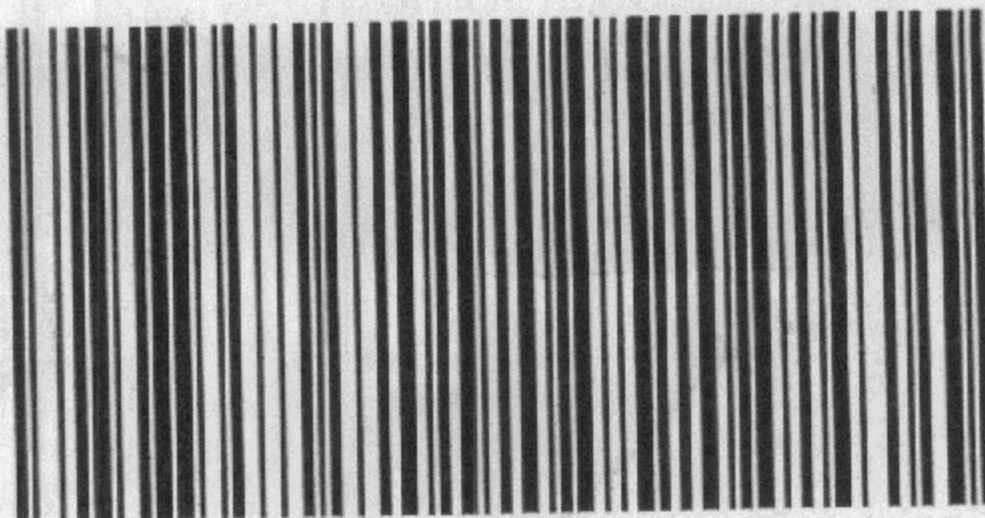


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBCD26250253

POD COPY

Lithotech SJ (011) 474-1828 Version Control (10/2012) SUN06014 10/12

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name LE CREUSET	Company Name LE CREUSET CPT	Street Address SHOP, UL 262, PAVILION SHOPPING CENTRE JACK MAARTIENS DRIVE	Street Address UNIT 5, HERON PARK OLIVE GROVE IND ESTATE SOMERSET WEST
Suburb WESTVILLE	Suburb	City / Town DUR Postal Code 4000	City / Town SOMERSET WEST (SSW) Postal Code 8000
Contact TRISINA / ARCHIE	Contact JENNA / FRANCI	Phone 031 265 8455	Phone 021 851 7178

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)

Sender's Reference: **4712686576** Analysis Code:

SPECIAL INSTRUCTIONS

Bill Charges To Account No. **027766** Bill To Sender Consignee Other (Name Please)

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: *[Signature]* DATE: **30/05/2018**

e-mail / Fax / Proof of delivery e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS	Dimensions In Centimetres			Mass (kg)
		LENGTH	WIDTH	HEIGHT	
1	1	X	ELTER		

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY) **FRANCI**

Date Received: **01/06/18** Time Received: **10:25**

Signature: *[Signature]*

Received by UTI

Name Of Courier (PLEASE PRINT CLEARLY) **AARON**

Date Received: **30/05/18** Time Received: **16:18**

Signature: *[Signature]*

