

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




SUBCD26250257

<b>Sender's Details</b>		<b>Consignee's Details. Full Street Address Please</b>						<b>Mark Service Required</b>	
Company Name <u>LE CREUSET</u>		Company Name <u>LE CREUSET CPT</u>						<input type="checkbox"/> Same Day	
Street Address <u>SHIP UL 262,</u>		Street Address <u>UNIT 5, HERON PARK</u>						<input type="checkbox"/> Express	
<u>PAVILION SHOPPING CENTRE</u>		<u>OLIVE GROVE IND ESTATE</u>						<input type="checkbox"/> With Sunrise Option	
<u>JACK MAARTENS DRIVE</u>		<u>SOMERSET WEST</u>						<input type="checkbox"/> With Saturday Service	
Suburb <u>WESTVILLE</u>		Suburb						<input type="checkbox"/> Public Holiday Service	
City / Town <u>DUR</u> Postal Code <u>4000</u>		City / Town <u>SOMERSET WEST (SSW)</u> Postal Code <u>8000</u>						<input checked="" type="checkbox"/> Economy <input checked="" type="checkbox"/>	
Contact <u>TRISINA / RASHREE</u>		Contact <u>LAUREN</u>						<input type="checkbox"/> After Hours	
Phone <u>031 265 8455</u>		Phone <u>021 851 7178</u>						<input type="checkbox"/> BLNS Customs Tariff Lines	
Destination Country		South Africa <input checked="" type="checkbox"/>		Botswana		Lesotho		Namibia	
								Swaziland	
								Other (Please Specify)	
Sender's Reference		Analysis Code						<input type="checkbox"/> Depot Hand In	
<b>SPECIAL INSTRUCTIONS</b>									
Bill Charges To Account No. <u>027766</u>		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			
<b>Total Parcels</b>		<b>NO. OF PARCELS</b>		<b>Dimensions In Centimetres</b>				<b>Mass (kg)</b>	
				<b>LENGTH</b>		<b>WIDTH</b>		<b>HEIGHT</b>	
<u>1</u>		<u>1</u>		<u>X</u>		<u>Box</u>			
Original POD Required P.O. Box <input type="checkbox"/>									
<b>Goods received in full without damage (unless endorsed)</b>					<b>Received by UTI</b>				
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)				
<u>LAUREN</u>					<u>AGRON</u>				
Date Received:		Time Received:			Date Received:		Time Received:		
<u>110618</u>		<u>1000</u>			<u>070618</u>		<u>11610</u>		
Signature <u>[Signature]</u>					Signature <u>[Signature]</u>				

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