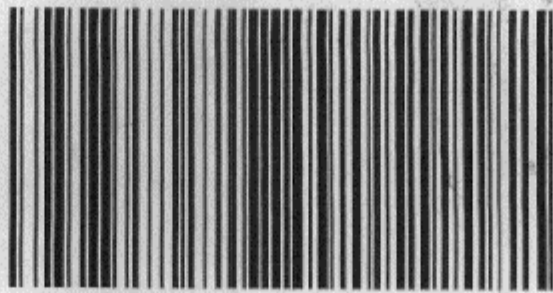


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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. 4280213873



| | | | | | |
|------------|--|--|--|--|--|
| ADDITIONAL | | | | | |
| TRACKING | | | | | |
| NUMBERS | | | | | |
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SUBCD27589081

| | | | | | | | |
|--|-----------------------|--|-----------------------------------|----------------------------------|----------------------------------|---|--|
| Sender's Details | | Consignee's Details. Full Street Address Please | | | | Mark Service Required | |
| Company Name <u>Le Creuset</u> | | Company Name <u>Le Creuset</u> | | | | <input type="checkbox"/> Same Day | |
| Street Address <u>Shop 312E</u> | | Street Address <u>Unit S, Heer Park</u> | | | | | |
| <u>Centurion Mall</u> | | <u>Olive Grove Industrial Estate</u> | | | | <input type="checkbox"/> Express | |
| <u>Heuwel Avenue</u> | | <u>Old Paardeveld Road</u> | | | | <input type="checkbox"/> With Spinrise Option | |
| Suburb <u>Centurion</u> | | Suburb <u>Somerset West</u> | | | | <input type="checkbox"/> With Saturday Service | |
| City / Town <u>Pretoria</u> Postal Code <u>0157</u> | | City / Town <u>Cape Town</u> Postal Code <u>8001</u> | | | | <input type="checkbox"/> Public Holiday Service | |
| Contact <u>Sisa</u> | | Contact <u>Helen</u> | | | | <input checked="" type="checkbox"/> Economy | |
| Phone <u>012 004 0217</u> | | Phone <u>021 851 7178</u> | | | | <input type="checkbox"/> After Hours | |
| Destination Country | | <input checked="" type="checkbox"/> South Africa | <input type="checkbox"/> Botswana | <input type="checkbox"/> Lesotho | <input type="checkbox"/> Namibia | <input type="checkbox"/> Swaziland | |
| Other (Please Specify) | | | | | | <input type="checkbox"/> BLNS | |
| Sender's Reference <u>UTI 0543783</u> | | Analysis Code | | | | <input type="checkbox"/> Customs | |
| SPECIAL INSTRUCTIONS | | | | | | <input type="checkbox"/> Tariff | |
| Bill Charges To Account No. <u>027766</u> | | Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> | | | | <input type="checkbox"/> Lines | |
| | | If Consignee Or Third Party Is Billed, Sender Remains Liable For Unpaid Charges | | | | <input type="checkbox"/> Depot Hand In | |
| 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). | | <u>[Signature]</u> | | | | <input type="checkbox"/> Original POD Required | |
| | | SENDER'S AUTHORISED SIGNATURE | | | | <input type="checkbox"/> P.O. Box | |
| | | DATE <u>12/02/2018</u> | | | | | |
| e-mail / Fax / Proof of delivery <input type="checkbox"/> | | e-mail Address / Fax Number | | | | | |
| Total Parcels | NO. OF PARCELS | Dimensions in Centimetres | | | Mass (kg) | | |
| | | LENGTH | WIDTH | HEIGHT | | | |
| <u>1</u> | <u>Box</u> | | | | | | |
| Goods received in full without damage (unless endorsed) | | Received by UTI | | | | | |
| Name Of Receiver (PLEASE PRINT CLEARLY) | | Name Of Courier (PLEASE PRINT CLEARLY) | | | | | |
| <u>Masa</u> | | <u>[Signature]</u> | | | | | |
| Date Received: | | Time Received: | | Date Received: | | Time Received: | |
| <u>140218</u> | | <u>09130</u> | | <u>120218</u> | | <u>1402</u> | |
| Signature <u>[Signature]</u> | | Signature <u>[Signature]</u> | | | | | |

POD COPY

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