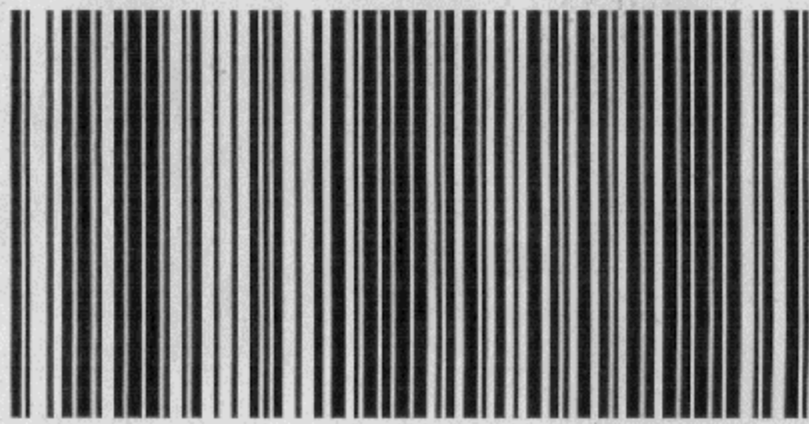


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBCD27981107

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Le Crauset Watercrest</u>		Company Name <u>Le Crauset Gateway</u>				<input type="checkbox"/> Same Day	
Street Address <u>Inanda Road</u> <u>Waterfall</u>		Street Address <u>Shop G158</u> <u>1 Palm Boulevard</u> <u>Metatown Centre</u>				<input type="checkbox"/> Express	
<u>Durban</u>		Suburb <u>Umhlanga Ridge</u>				<input type="checkbox"/> With Sunrise Option	
Suburb		City / Town <u>Durban</u> Postal Code <u>4321</u>				<input type="checkbox"/> With Saturday Service	
City / Town <u>DUR</u> Postal Code <u>3652</u>		Contact <u>Sasha</u>				<input type="checkbox"/> Public Holiday Service	
Contact <u>Siphelele</u>		Phone <u>031 763 1525</u>				<input checked="" type="checkbox"/> Economy	
Phone <u>031 763 1525</u>		Destination Country				<input type="checkbox"/> After Hours	
Destination Country		South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)				<input type="checkbox"/> BLNS Customs Tariff Lines	
Sender's Reference <u>Stock-transfer</u>		Analysis Code				<input type="checkbox"/> Depot Hand In	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <u>027766</u>		Bill To <input checked="" type="checkbox"/> Sender		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			
Total Parcels		Dimensions In Centimetres			Mass (kg)		
NO. OF PARCELS		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>ZANELE</u>				<u>SNABONGA</u>			
Date Received:		Time Received:		Date Received:		Time Received:	
<u>18 01 18</u>		<u>11 49</u>		<u>07 01 18</u>		<u>11 55</u>	
Signature <u>[Signature]</u>				Signature <u>[Signature]</u>			

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