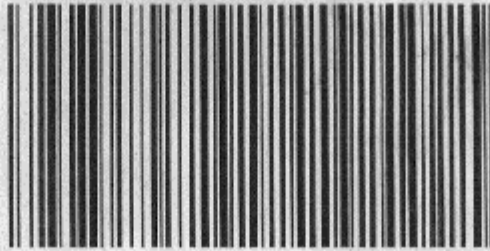




UTI South Africa (Pty) Ltd
 Via UTI Sun Couriers
 PO Box 63, The Meadows 0061
 Tel: (012) 873-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4260213873



SUBCD28832835

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 71 Upper Mall Hyde Park Corner C/O Jan Smuts 4th ave Hyde Park</u>		Street Address: <u>SHOP L339 SANDTON CITY SHOPPING CENTRE 5th and Rivonia Str</u>					
Suburb: <u>Hyde Park</u>		Suburb: <u>SANDTON</u>					<input type="checkbox"/> Express
City/Town: <u>JHB</u> Postal Code: <u>2196</u>		City/Town: <u>JHB</u> Postal Code: <u>2196</u>					<input type="checkbox"/> With Sunrise Option
Contact: <u>Patricia</u>		Contact: <u>KARABO</u>					<input type="checkbox"/> With Saturday Service
Phone: <u>011 525 5606</u>		Phone: <u>011 784 0301</u>					<input type="checkbox"/> Public Holiday Service
Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)	<input checked="" type="checkbox"/> Economy
Sender's Reference: <u>UTI0492131</u>		Analysis Code:					<input type="checkbox"/> After Hours
SPECIAL INSTRUCTIONS							
Bill Charges To Account No.	Bill To: <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)		If Consignee Or Third Party is Billed, Sender Remains Liable For Unpaid Charges				<input type="checkbox"/> BLNS Customs Tariff Lines
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					<input type="checkbox"/> Depot Hand In
Dimensions In Centimetres							
Total Parcels	NO. OF PARCELS	LENGTH	WIDTH	HEIGHT	Mass (kg)		
<u>1</u>	<u>1 BOX</u>						
Goods received in full without damage (unless endorsed)				Received by UTI			
Name Of Receiver (PLEASE PRINT CLEARLY): <u>KARABO</u>				Name Of Courier (PLEASE PRINT CLEARLY): <u>JIMI SHU</u>			
Date Received: <u>120218</u>		Time Received: <u>0125</u>		Date Received: <u>090218</u>		Time Received: <u>1309</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			

POD COPY

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