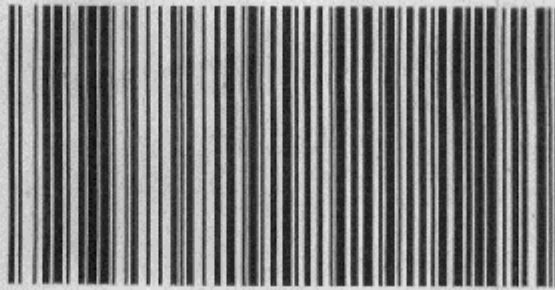


CONTRACT FOR CARRIAGE / DISPATCH NOTE



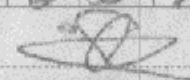


UTI South Africa (Pty) Ltd  
 t/a UTI Sun Couriers  
 PO Box 63, The Reeds 0081  
 Tel (012) 673-2000  
 Reg. No. 2004/015747/07  
 VAT Reg. No. 4290213873



SUBHT10043514
SUBHT10043515
SUBHT10043516
NUMBERS

**SUBCD28832837**

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required									
Company Name <b>LE CREUSET</b>		Company Name <b>LE CREUSET</b>						<input type="checkbox"/> Same Day									
Street Address <b>SHOP 71 UPPER MALL JAN SMUTS AVENUE HYDE PARK</b>		Street Address <b>UNIT 5 HERON PARK OLIVE GROVE INDUSTRIAL EST OLD PAARDELEI ROAD SOMERSET WEST</b>						<input type="checkbox"/> Express									
Suburb <b>HYDE PARK</b>		Suburb <b>SOMERSET WEST</b>						<input type="checkbox"/> With Sunrise Option									
City / Town <b>JHB</b> Postal Code <b>2196</b>		City / Town <b>CAPE TOWN</b> Postal Code						<input type="checkbox"/> With Saturday Service									
Contact <b>PATRICIA</b>		Contact <b>FRANCOIS J. J. VAN</b>						<input type="checkbox"/> Public Holiday Service									
Phone <b>(011) 325 5606</b>		Phone <b>021 851 7178</b>						<input checked="" type="checkbox"/> Economy									
Destination Country		South Africa		Botswana		Lesotho		Namibia		Swaziland		Other (Please Specify)		<input type="checkbox"/> After Hours			
Sender's Reference						Analysis Code						<input type="checkbox"/> BLNS Customs Tariff Lines					
SPECIAL INSTRUCTIONS														<input type="checkbox"/> Depot Hand In			
Bill Charges To Account No.				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		06/02/18 DATE	
e-mail / Fax / Proof of delivery <input type="checkbox"/> e-mail Address / Fax Number																	
Total Parcels		NO. OF PARCELS		Dimensions in Centimetres				HEIGHT		Mass (kg)		Original POD Required P.O. Box					
4		4 Boxes															
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY)						Received by UTI Name Of Courier (PLEASE PRINT CLEARLY)											
EUVINO						JAMIE H											
Date Received: 080218				Time Received: 0940		Date Received: 060218				Time Received: 1830							
Signature 						Signature 											

POD COPY

Lithocodh SJ (011) 474-1636 Version Control (1/02/12) 6/20/14 1072