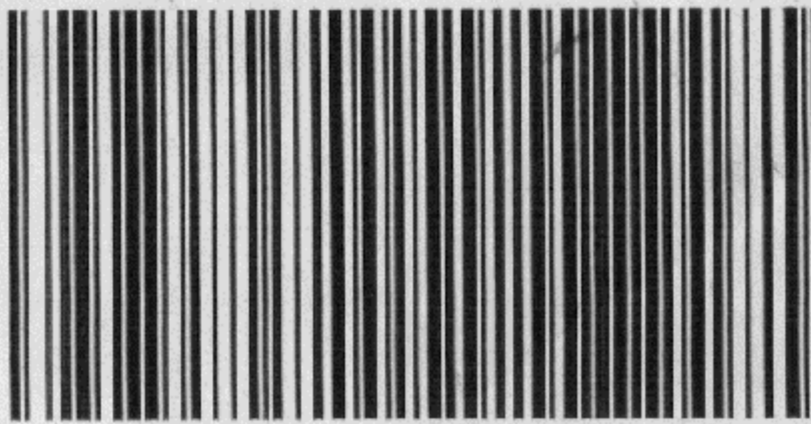


CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
 t/a UTI Sun Couriers
 PO Box 83, The Reeds 0061
 Tel (012) 673-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4260213873



SUBHT11013704
 TRACKING
 ↓ NUMBER ↓
 SUBHT11013706

SUBCD29086773

POD COPY

Lithotech S.J (011) 474-1828 Version Control (10/2012) SUN030/14 10/12

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required
Company Name LE CREUSET PAVILLION		Company Name LE CREUSET (PART) LA LUCIA					<input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours <input type="checkbox"/> BLNS Customs Tariff Lines <input type="checkbox"/> Depot Hand In <input type="checkbox"/> Original POD Required P.O. Box
Street Address JACK MARTENS DRIVE WESTVILLE DURBAN		Street Address 90 WILLIAM CAMPBELL DRIVE LA LUCIA					
Suburb		Suburb DURBAN-NORTH					
City / Town DUR Postal Code 4000		City / Town KZN Postal Code					
Contact		Contact ATISHA					
Phone 031 265 8455		Phone					
Destination Country		South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference UT1 0653336		Analysis Code					
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027766		Bill To Sender <input checked="" type="checkbox"/>	Consignee <input type="checkbox"/>	Other (Name Please) <input type="checkbox"/>			
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			
X4		BOXES					
Goods received in full without damage (unless endorsed)				Received by UTI			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
Atisha				AARON			
Date Received:		Time Received:		Date Received:		Time Received:	
19 02 18		11 31		19 02 18		16 35	
Signature A				Signature [Signature]			