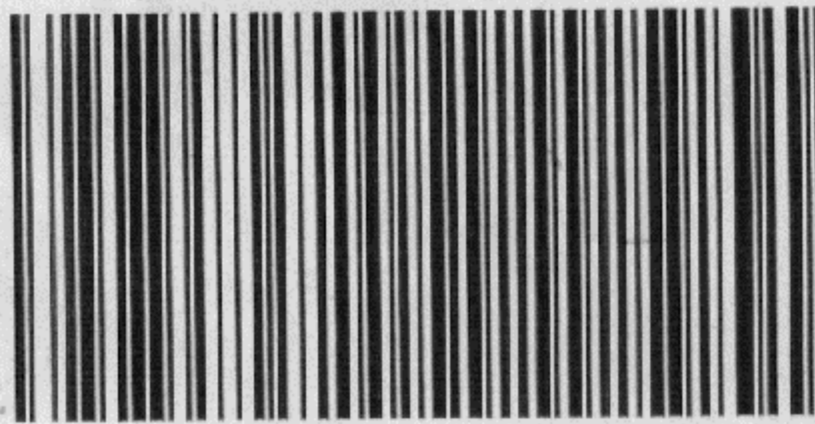


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBCD29086848

POD COPY

Lithotech S.J. (011) 474-1828 Version Control (10/2012) SUN03014 1012

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required	
Company Name LE CREUSET PAVILLION		Company Name LE CREUSET GATEWAY					<input type="checkbox"/> Same Day	
Street Address JACK MARTENS DRIVE WESTVILLE		Street Address Shop 9158 Gateway Theatre of Shopping, New town Center					<input type="checkbox"/> Express	
Suburb DURBAN		Suburb Umhlanga					<input type="checkbox"/> With Sunrise Option	
City / Town DURBAN Postal Code 4000		City / Town Durban Postal Code 4321					<input type="checkbox"/> With Saturday Service	
Contact ZAMA		Contact Sasha					<input type="checkbox"/> Public Holiday Service	
Phone 031 265 8455		Phone 031 100 1239					<input checked="" type="checkbox"/> Economy	
Destination Country		Other (Please Specify)					<input type="checkbox"/> After Hours	
South Africa <input checked="" type="checkbox"/>							<input type="checkbox"/> BLNS Customs Tariff Lines	
Botswana							<input type="checkbox"/> Depot Hand In	
Lesotho							<input type="checkbox"/> Original POD Required P.O. Box	
Namibia								
Swaziland								
Other								
Sender's Reference		Analysis Code						
SPECIAL INSTRUCTIONS								
Bill Charges To Account No. 027766		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> 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).								
SENDER'S AUTHORIZED SIGNATURE <i>[Signature]</i>						DATE 04/01/18		
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						
1 BOX								
Goods received in full without damage (unless endorsed)				Received by UTI				
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)				
SASHA				AARON				
Date Received:		Time Received:		Date Received:		Time Received:		
05 01 18		09 48		05 01 18		11 00		
Signature <i>[Signature]</i>				Signature <i>[Signature]</i>				