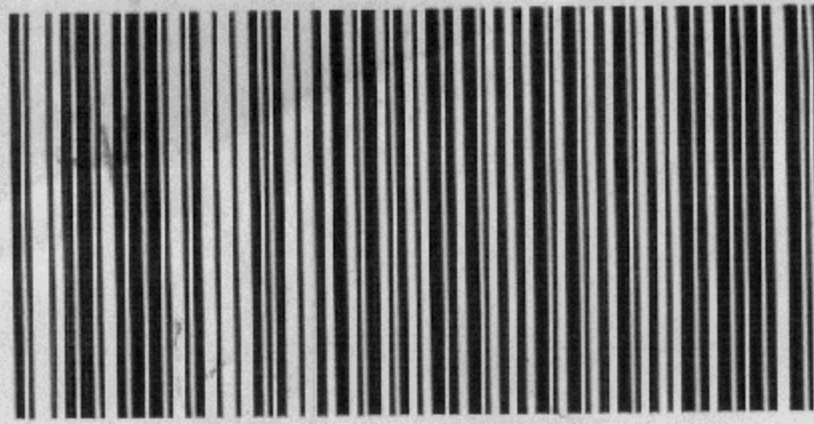


CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
 1/a UTI Sun Couriers  
 PO Box 63, The Reeds 0061  
 Tel (012) 673-2000  
 Reg. No. 2004/015747/07  
 VAT Reg. No. 4260213873




SUBCD29086880

<b>Sender's Details</b>		<b>Consignee's Details. Full Street Address Please</b>				<b>Mark Service Required</b>
Company Name <b>LE CREUSET PAVILLION</b>		Company Name <b>LE CREUSET GATEWAY</b>				<input type="checkbox"/> Same Day
Street Address <b>JACK MARTENS DRIVE WESTVILLE DURBAN</b>		Street Address <b>SHOP G158 GATEWAY THEATRE OF SHOPPING 1 PALM BOULEVARD, NEW TOWN CENTRE UMHILANCA RIDGE DURBAN</b>				
Suburb <b>DURBAN</b>		Suburb <b>UMHILANCA RIDGE</b>				<input type="checkbox"/> Express
City / Town <b>DUR</b> Postal Code <b>4000</b>		City / Town <b>DURBAN</b> Postal Code <b>4321</b>				<input type="checkbox"/> With Sunrise Option
Contact <b>RASHREE / PRUDENCE</b>		Contact <b>SASHA</b>				<input type="checkbox"/> With Saturday Service
Phone <b>031 265 8455</b>		Phone <b>031-1001239</b>				<input type="checkbox"/> Public Holiday Service
Destination Country <input checked="" type="checkbox"/> South Africa		Other (Please Specify)				<input type="checkbox"/> Economy
Sender's Reference		Analysis Code				<input type="checkbox"/> After Hours
<b>SPECIAL INSTRUCTIONS</b>						
Bill Charges To Account No. <b>027766</b>		Bill To <input checked="" type="checkbox"/> Sender <input 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				
<b>Dimensions In Centimetres</b>						
<b>Total Parcels</b>	<b>NO. OF PARCELS</b>	<b>LENGTH</b>	<b>WIDTH</b>	<b>HEIGHT</b>	<b>Mass (kg)</b>	<input type="checkbox"/> Original POD Required P.O. Box
<b>1</b>	<b>1 X BOX</b>					
<b>Goods received in full without damage (unless endorsed)</b>				<b>Received by UTI</b>		
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)		
<b>RENEE</b>				<b>AARON</b>		
Date Received:		Time Received:		Date Received:		Time Received:
<b>29 01 18</b>		<b>13 12</b>		<b>29 01 18</b>		<b>16 30</b>
Signature				Signature		

Lithotech SJ (011) 474-1828 Version Control (10/2012) SUM03014 1012