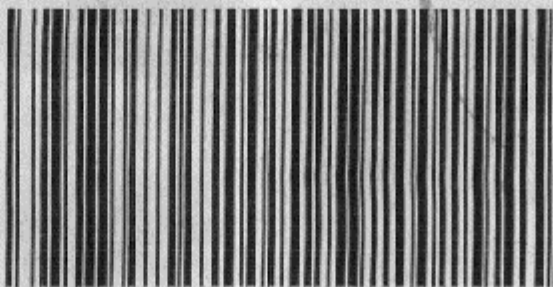


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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. 4260213673



SUBCD29148294

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET WATERCREST		Company Name LE CREUSET GARDENS				<input type="checkbox"/> Same Day	
Street Address INANDA ROAD WATERFALL DURBAN		Street Address SHOP 208 Gardens Shopping Center CNR mill and BUITENKANT Street				<input type="checkbox"/> Express	
Suburb		Suburb				<input type="checkbox"/> With Sunrise Option	
City / Town DUR Postal Code 3652		City / Town CAPE TOWN Postal Code				<input type="checkbox"/> With Saturday Service	
Contact		Contact SHIRAZH				<input type="checkbox"/> Public Holiday Service	
Phone 031 763 1525		Phone 021 4627277				<input type="checkbox"/> Economy	
Destination Country		South Africa		Botswana		Lesotho	
South Africa		Lesotho		Namibia		Swaziland	
Other (Please Specify)		Other (Please Specify)		Other (Please Specify)		Other (Please Specify)	
Sender's Reference TNS 26cm Shallow domed lid		Analysis Code				<input type="checkbox"/> BLNS	
SPECIAL INSTRUCTIONS		Analysis Code				<input type="checkbox"/> Customs	
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"/> Tariff	
If Consignee Or Third Party Is Billed, Sender Remains Liable For Unpaid Charges		If Consignee Or Third Party Is Billed, Sender Remains Liable For Unpaid Charges				<input type="checkbox"/> 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).		SENDER'S AUTHORISED SIGNATURE <i>[Signature]</i>				DATE 30/04/2018	
e-mail / Fax / Proof of delivery <input type="checkbox"/>		e-mail Address / Fax Number				<input type="checkbox"/> Depot Hand In	
Total Parcels		Dimensions In Centimetres		Mass (kg)		<input type="checkbox"/> Original POD Required	
NO. OF PARCELS 1		LENGTH Box		WIDTH		P.O. Box	
HEIGHT		MASS (kg)		MASS (kg)		P.O. Box	
Goods received in full without damage (unless endorsed)				Received by UTI			
Name Of Receiver (PLEASE PRINT CLEARLY) A G E E L A H				Name Of Courier (PLEASE PRINT CLEARLY) M T H O K O			
Date Received: 020518		Time Received: 1044		Date Received: 300418		Time Received: 1300	
Signature <i>[Signature]</i>				Signature <i>[Signature]</i>			

POD COPY

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