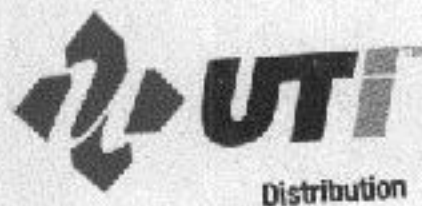


CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 83 The Reeds 0061
Tel: 0121 873-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260219873



SUBBD24006560



Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: Le Creuset Street Address: Shop 12 Menlyn, Maire January Masilela Ave Amarand Waterkloof Ext. 2 Suburb: Waterkloof City/Town: Pretoria Postal Code: 0181 Contact: Toni Phone: 012 004 0082		Company Name: Le Creuset Street Address: Shop Um 030A, Clearwater Mall Christiaan De Wet Road Suburb: Clearwater City/Town: Johannesburg Postal Code: 2001 Contact: Lisa Phone: 011 475 1202				<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 <input type="checkbox"/> Depot Hand In	
Destination Country: <input checked="" type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)		Analysis Code:				<input type="checkbox"/>	
Sender's Reference: UT10884028		SPECIAL INSTRUCTIONS Bill Charges To Account No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> If Consignee Or Other (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 DISTRIBUTION LIMITS ITS LIABILITY TO R 250.00 PER SHIPMENT. (SEE CLAUSE 12.5 OVERLEAF). IF YOU WISH UTI DISTRIBUTION TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSE 12.5, 12.6 AND 12.7 OVERLEAF).	
Signature:		SENDER'S AUTHORISED SIGNATURE				DATE 09/11/2016	
Total Parcels <input type="checkbox"/>		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
HEIGHT (CM)		Total Mass (Kg)		Signature:		Time Received: 17:00	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) A Y A W D H Date Received: 09/11/16 Signature:		Time Received: 1239		Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) [Signature] Date Received: 09/11/16 Signature:		Time Received: 17:00	

POD COPY

UTI Contract 16/2010