

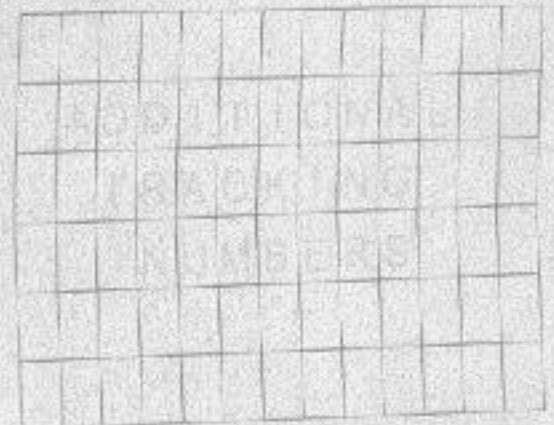
CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 53, The Reeds 0061
Tel: (012) 673 2000
Fax: No. 2004/015747/07
VAT Reg. No. 4280213673



SUBBD22554874



Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: LE CREUSET SHOP LIM30A Street Address: CLEARWATER MALL CHRISTIAAN DE WET ROAD Suburb: City / Town: JNB Postal Code: 2001 Contact: LISA PILLAY Phone: 011 475 1202		Company Name: LE CREUSET Street Address: LINDS HERON PARK OLIVE GROVE PARK SOMERSET WEST Suburb: City / Town: CAPE TOWN Postal Code: Contact: LISA HE Phone: 021 851 7178				<input checked="" 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 type="checkbox"/> Economy <input type="checkbox"/> After Hours <input type="checkbox"/> BLNS Customs Tariff <input type="checkbox"/> Depot Hand in	
Destination Country: South Africa Sender's Reference: UT113202719		Analysis Code:				<input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)	
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027756 <input checked="" type="checkbox"/> Bill To 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 12.4 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 12.6, 12.6 AND 12.7 OVERLEAF).							
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE				DATE 09/12/16	
Total Parcels 1		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
HEIGHT (CM)		Total Mass (Kg)					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) JASMIN Date Received: 12/12/16 Time Received: 0825 Signature: [Signature]				Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) [Signature] Date Received: 09/12/16 Time Received: 1830 Signature: [Signature]			