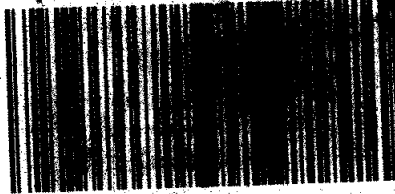


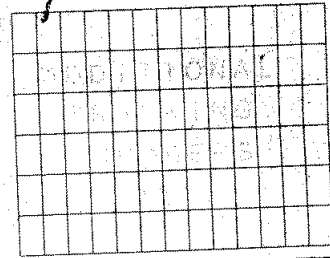
# CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD24587814



Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name <b>DILNAAZ SOLOMONS</b>		Company Name <b>LE CREUSET</b>		<input type="checkbox"/> Express	
Street Address <b>161 BURWOOD RD</b>		Street Address <b>UNIT 5 HERON PARK</b>		<input type="checkbox"/> With Surmise Option	
<b>RONDEBOSCH EAST</b>		<b>OLIVE GROVE INDUSTRIAL</b>		<input type="checkbox"/> With Saturday Service	
		<b>SOMERSET WEST</b>		<input type="checkbox"/> Public Holiday Service	
Suburb		Suburb		<input checked="" type="checkbox"/> After Hours	
City / Town		City / Town		BLNS Customs Tariff	
Postal Code <b>7700</b>		Postal Code <b>7130</b>		Depot Hand In	
Contact <b>DILNAAZ</b>		Contact <b>MARY</b>			
Phone <b>083 4444 113</b>		Phone <b>021 - 851 7178</b>			
Destination Country <b>South Africa</b>		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other <input type="checkbox"/> (Please Specify)			
Sender's Reference		Analysis Code			
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <b>083 7100 77</b> Bill To <input 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 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).					
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		SENDER'S ENDORSED SIGNATURE <b>[Signature]</b> DATE <b>31.01.2017</b>	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		Total Mass (Kg)	
<b>1</b>					
LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>ECVING</b> Date Received: <b>030817</b> Time Received: <b>11H00M</b> Signature: <b>[Signature]</b>					
Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) <b>Heaven</b> Date Received: <b>310117</b> Time Received: <b>1500</b> Signature: <b>[Signature]</b>					