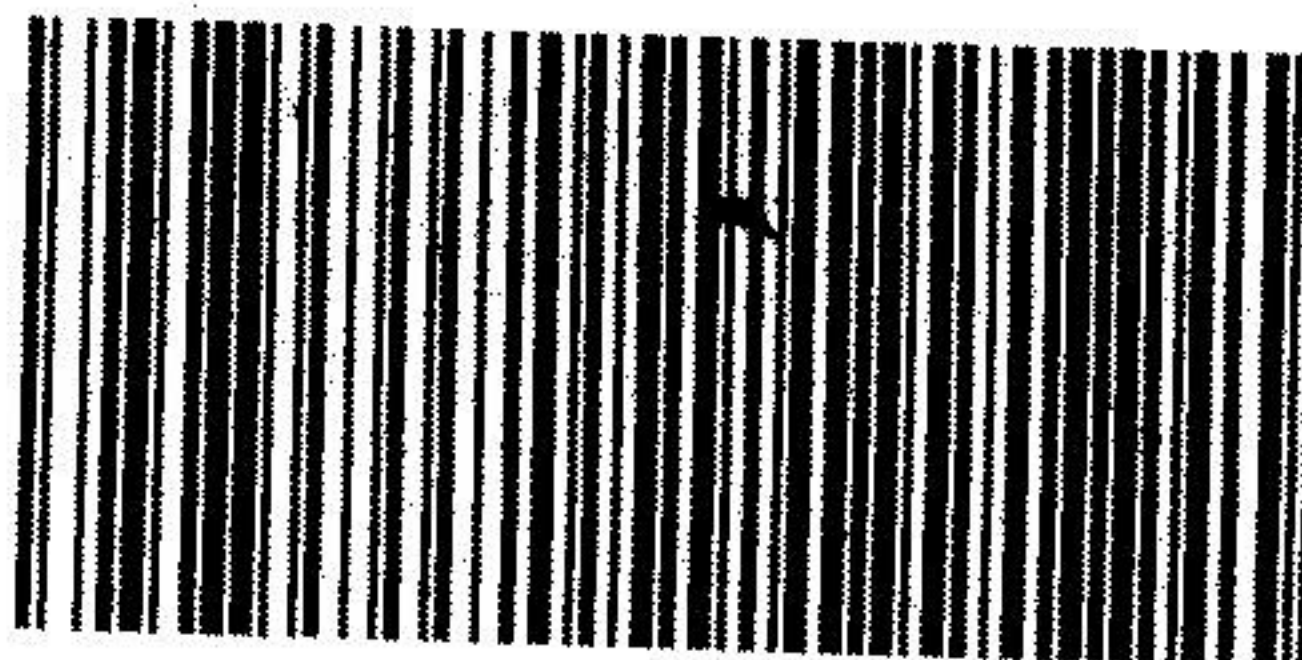


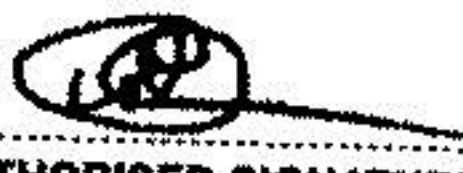
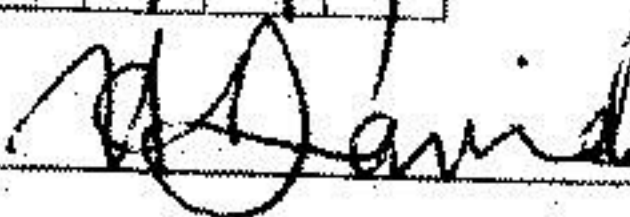

CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD24637017

| Sender's Details | | Consignee's Details. Full Street Address Please | | | | Mark Service Required | |
|---|--|---|--|------------------------|--|---|--|
| Company Name PJT | | Company Name LE CREUSET | | | | <input type="checkbox"/> Same Day | |
| Street Address 40 LINWOOD DRIVE | | Street Address HEAD OFFICE | | | | <input checked="" type="checkbox"/> Express | |
| Suburb BOUXTON | | Suburb UNIT 5 HERON PARK, OLIVE GROVE | | | | <input type="checkbox"/> With Sunrise Option | |
| City / Town PMB | | City / Town WESTERN CAPE | | | | <input type="checkbox"/> With Saturday Service | |
| Postal Code 3201 | | Postal Code SOMERSET WEST | | | | <input type="checkbox"/> Public Holiday Service | |
| Contact LLOYD | | Contact MARION RAWSON | | | | <input type="checkbox"/> Economy | |
| Phone 014 1266104 | | Phone BEN PAINE | | | | <input type="checkbox"/> After Hours | |
| Destination Country | | South Africa | | Botswana | | <input type="checkbox"/> BLNS Customs Tariff | |
| Sender's Reference | | Lesotho | | Namibia | | <input type="checkbox"/> Depot Hand In | |
| Analysis Code | | Swaziland | | Other (Please Specify) | | <input type="checkbox"/> Total Mass (Kg) | |
| SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To <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). | | | | | | | |
| SENDER'S AUTHORIZED SIGNATURE  DATE 20/01/2017 | | | | | | | |
| e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number | | | | | | | |
| Total Parcels | | NO. OF PARCELS PER DIMENSIONS | | LENGTH (CM) | | WIDTH (CM) | |
| 01 | | 01 | | 40 | | 30 | |
| | | | | | | HEIGHT (CM) | |
| | | | | | | 1 | |
| Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) Hellema Date Received: 22/01/17 Time Received: 10:25 Signature:  | | | | | | | |
| Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) LUNDGREN Date Received: 200116 Time Received: 1300 Signature:  | | | | | | | |

POD COPY