

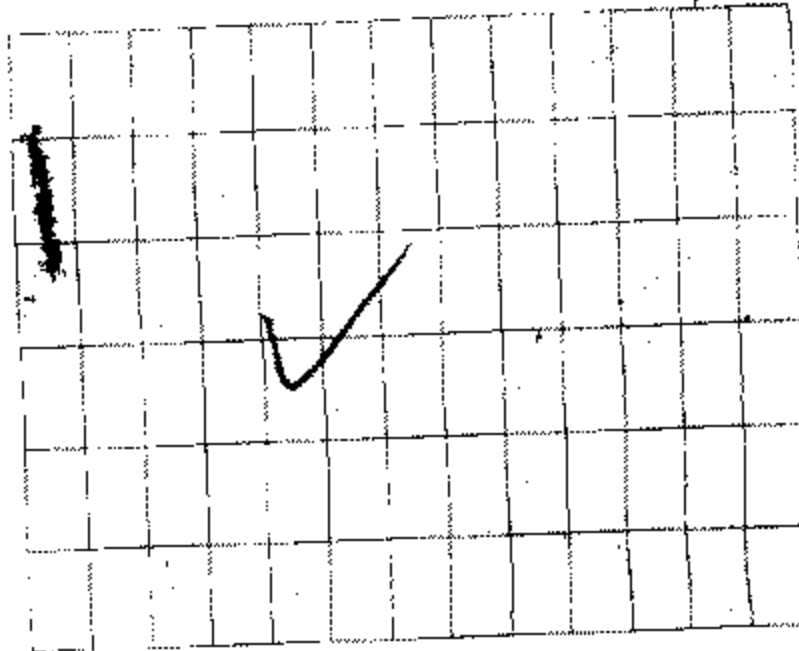
CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD24821248



Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name AVI Limited Street Address 2 Harries Road Suburb Illovo City / Town [Redacted] Postal Code 2176 Contact 011 508-1300 Phone [Redacted]		Company Name Le Creuset Street Address Unit 5 Heron Park Suburb Somerset West Olive Grove Industrial City / Town CPT Postal Code [Redacted] Contact Mary 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		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/>					
Sender's Reference [Redacted]		Analysis Code [Redacted]					
SPECIAL INSTRUCTIONS Bill Charges To Account No. [Redacted] 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).							
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number [Redacted]							
Total Parcels 1		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM) [Redacted]		WIDTH (CM) [Redacted]	
						HEIGHT (CM) [Redacted]	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) ECVIM Date Received: 23/07/17 Signature: [Signature]				Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) [Signature] Date Received: 2001/17 Signature: [Signature]			
Time Received: 10/0				Time Received: [Redacted]			

POD COPY