

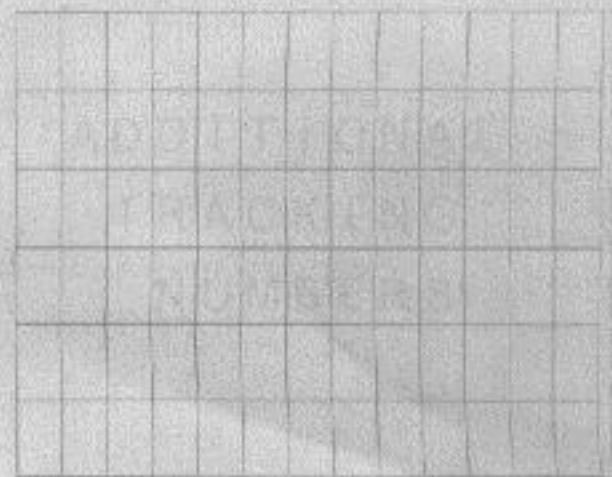
CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
t/a UTI Distribution  
PO Box 83, The Reads 0081  
Tel (012) 673-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4260213673



SUBBD23490540



Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name <u>Le Creuset</u>		Company Name <u>Le Creuset (SA)</u>		<input type="checkbox"/> Same Day	
Street Address <u>Shop U17</u>		Street Address <u>Shop 4M030A, Clearwater</u>		<input type="checkbox"/> Express	
<u>Bedford Centre</u>		<u>Mall</u>		<input type="checkbox"/> With Sunrise Option	
<u>Bedfordview</u>		<u>Christiaan de Wet Road</u>		<input type="checkbox"/> With Saturday Service	
Suburb <u>Johannesburg</u>		Suburb		<input type="checkbox"/> Public Holiday Service	
City/Town <u>JNB</u> Postal Code <u>2007</u>		City/Town <u>Johannesburg</u> Postal Code <u>2001</u>		<input checked="" type="checkbox"/> Economy	
Contact <u>Mila</u>		Contact		<input type="checkbox"/> After Hours	
Phone <u>011 615 1923</u>		Phone <u>011 475 1202</u>		<input type="checkbox"/> BLNS Customs Tariff	
Destination Country		South Africa		<input type="checkbox"/> Depot Hand In	
Botswana		Lesotho		<input type="checkbox"/> Total Mass (Kg)	
Namibia		Swaziland			
Other (Please Specify)		Analysis Code			
Sender's Reference <u>UT15818640</u>					
SPECIAL INSTRUCTIONS					
Bill Charges To Account No. <u>027766</u>		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					
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM) WIDTH (CM) HEIGHT (CM)	
<u>1</u>					
Goods received in full without damage (unless endorsed)					
Name Of Receiver (PLEASE PRINT CLEARLY)		Received By UTI		Name Of Courier (PLEASE PRINT CLEARLY)	
<u>D. Sreen</u>		<u>[Signature]</u>		<u>[Signature]</u>	
Date Received:		Time Received:		Date Received:	
<u>05/01/17</u>		<u>1056</u>		<u>05/01/17</u>	
Signature:		Signature:		Signature:	
<u>[Signature]</u>		<u>[Signature]</u>		<u>[Signature]</u>	