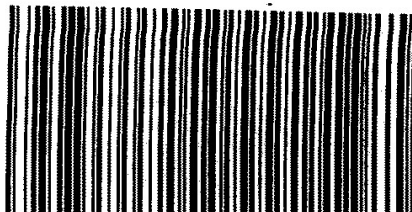


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD21900137

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name: LE CREUSET BROOKLYN MALL SHOP 318 BROOKLYN MALL		Company Name: le creuset Unit 5, Heron Park		<input type="checkbox"/> Same Day	
Street Address: C/O VAELE & WATERKLOOF ROAD BROOKLYN		Street Address: Olive Grove Industrial Estate Roodepoort		<input checked="" type="checkbox"/> Express	
Suburb: PRETORIA		Suburb: Gomerset		<input type="checkbox"/> With Sunrise Option	
City / Town: PTA Postal Code: 0046		City / Town: CODE-TOWN Postal Code: 1600		<input type="checkbox"/> With Saturday Service	
Contact: FATIMA		Contact: Vicky		<input type="checkbox"/> Public Holiday Service	
Phone: 012 346 2840		Phone: 021 651 7178		<input type="checkbox"/> Economy	
Destination Country: <input checked="" type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)				<input type="checkbox"/> After Hours	
Sender's Reference: UT18499507		Analysis Code: 0000000000000000		<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS					
Bill Charges To Account No. 027766		Bill To: <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)			
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 Mass (Kg)	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)	
1		Flyer		WIDTH (CM)	
				HEIGHT (CM)	
Goods received in full without damage (unless endorsed)		Received By UTi			
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)			
2011		TUKS			
Date Received:		Time Received:		Date Received:	
17/02/17		11:00		16/02/17	
Signature:		Signature:			

Version Control (06/2013)