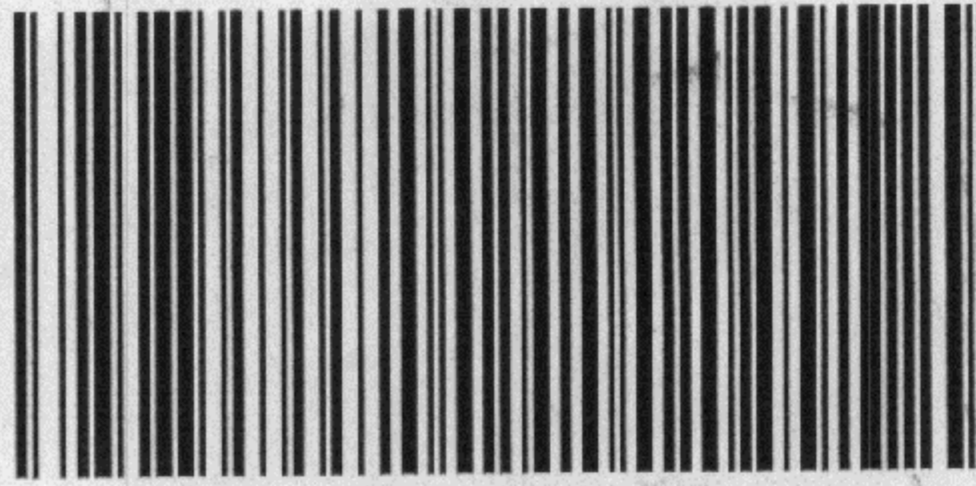


**CONTRACT FOR CARRIAGE / DISPATCH NOTE**



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



**SUBBD21321258**


<b>Sender's Details</b>			<b>Consignee's Details. Full Street Address Please</b>				<b>Mark Service Required</b>		
Company Name <u>LE CREUSET</u>			Company Name <u>LE CREUSET</u>				<input type="checkbox"/> Same Day		
Street Address <u>SHOP 71</u>			Street Address <u>UNIT 5 HERON PARK</u>				<input type="checkbox"/> Express		
<u>UPPER MAHL, HYDE PARK</u>			<u>OLIVE GROVE, INDUSTRIAL ESTATE</u>				<input type="checkbox"/> With Sunrise Option		
<u>CORNER, Jan Smuts &amp; 6<sup>th</sup> AVENUE</u>			<u>OLD PAARDVLEI ROAD,</u>				<input type="checkbox"/> With Saturday Service		
Suburb <u>HYDE PARK</u>			Suburb <u>SOMERSET WEST</u>				<input type="checkbox"/> Public Holiday Service		
City / Town <u>JHB</u>		Postal Code <u>2196</u>	City / Town <u>CAPE-TOWN</u>		Postal Code	<input checked="" type="checkbox"/> Economy			
Contact <u>PATRICIA</u>			Contact <u>JENNA</u>				<input type="checkbox"/> After Hours		
Phone <u>011 375 5606</u>			Phone <u>021 851 7178</u>				<input type="checkbox"/> BLNS Customs Tariff		
Destination Country		South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)		
Sender's Reference				Analysis Code				<input type="checkbox"/> Depot Hand In	
<b>SPECIAL INSTRUCTIONS</b>									
Bill Charges To Account No.		Bill To <input type="checkbox"/> Sender		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 SUN COURIERS LIMITS ITS LIABILITY TO R 250.00 PER SHIPMENT. (SEE CLAUSE 12.5 OVERLEAF). IF YOU WISH UTI SUN COURIERS TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSES 12.5, 12.6 AND 12.7 OVERLEAF).									
e-mail / Fax / Proof of Delivery <input type="checkbox"/>						e-mail Address / Fax Number			
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>	<b>LENGTH (CM)</b>	<b>WIDTH (CM)</b>	<b>HEIGHT (CM)</b>	<b>Total Mass (Kg)</b>			
1		1 BOX							
<b>Goods received in full without damage (unless endorsed)</b>				<b>Received By UTI</b>					
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)					
EIVINO				JANET					
Date Received:		Time Received:		Date Received:		Time Received:			
04/05/18		09:55		02/05/18		16:00			
Signature:				Signature:					

POD COPY

Version Control (06/2010)