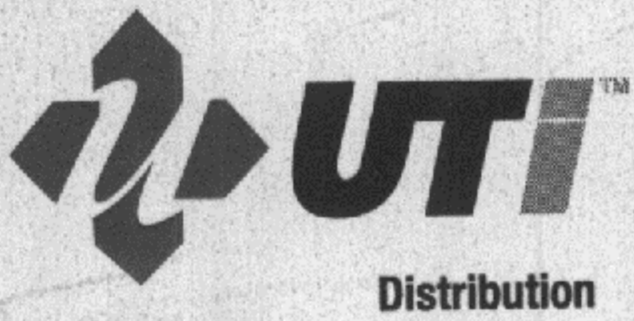
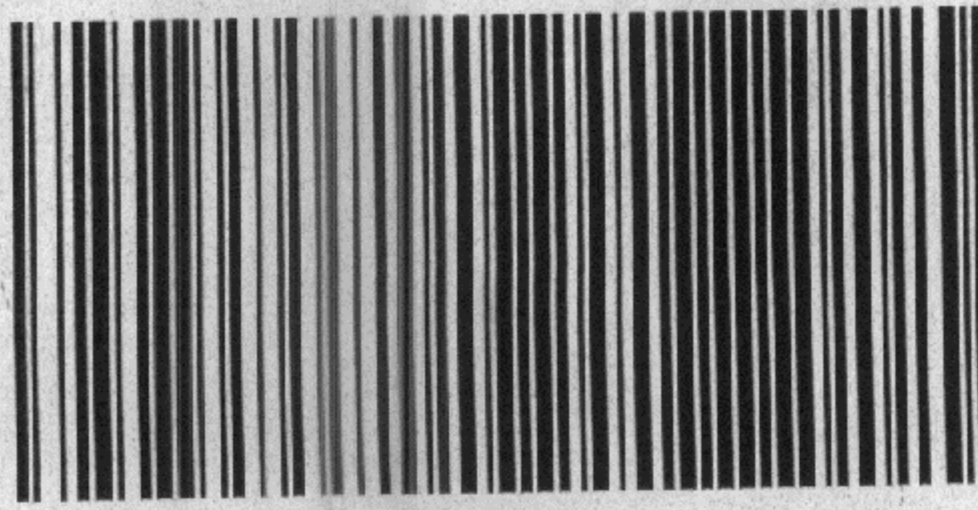


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD22731779

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>LE CREUSET -MALL OF AFR SHOP 2040</u>		Company Name <u>LE CREUSET UNIT 5- HERON PARK</u>				<input type="checkbox"/> Same Day	
Street Address <u>CNR ALLENDALE ROAD & BEN SCHEEMAN HIGHWAY</u>		Street Address <u>OLIVE GROVE IND. ESTATE OLD PAARDEVLEI ROAD</u>				<input type="checkbox"/> Express	
Suburb <u>WATERFALL ESTATE</u>		Suburb <u>SOMERSET WEST</u>				<input type="checkbox"/> With Sunrise Option	
City / Town <u>MID</u> Postal Code <u>2066</u>		City / Town <u>SOMERSET WEST (SS)</u> Postal Code <u>7130</u>				<input type="checkbox"/> With Saturday Service	
Contact <u>CASSANDRA</u>		Contact <u>LISA</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>011 568 2097</u>		Phone <u>021 851 7178</u>				<input checked="" type="checkbox"/> Economy	
Destination Country		(Please Specify)				<input type="checkbox"/> After Hours	
South Africa		Botswana				<input type="checkbox"/> BLNS Customs Tariff	
Lesotho		Namibia				<input type="checkbox"/> Depot Hand In	
Swaziland		Other				<input type="checkbox"/> Total Mass (Kg)	
Sender's Reference <u>UE 10117564</u>		Analysis Code				<input type="checkbox"/>	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <u>027766</u>		Bill To <input checked="" 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)	
<u>1</u>		<u>FLYER</u>					
Goods received in full without damage (unless endorsed)		Received By UTI					
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)					
<u>Nesoy</u>		<u>F/11 AM</u>					
Date Received:		Date Received:				Time Received:	
<u>26 10 18</u>		<u>24 10 18</u>				<u>17 00</u>	
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>					

POD COPY

Version Control (06/2010)