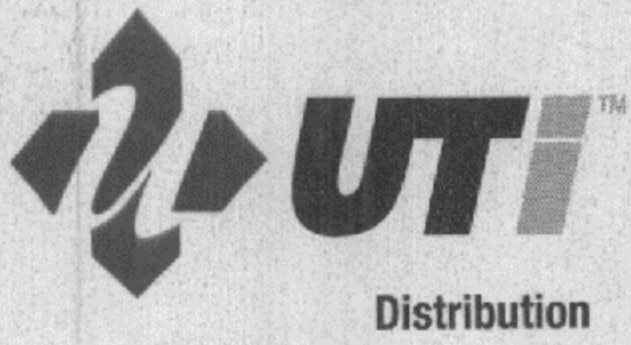
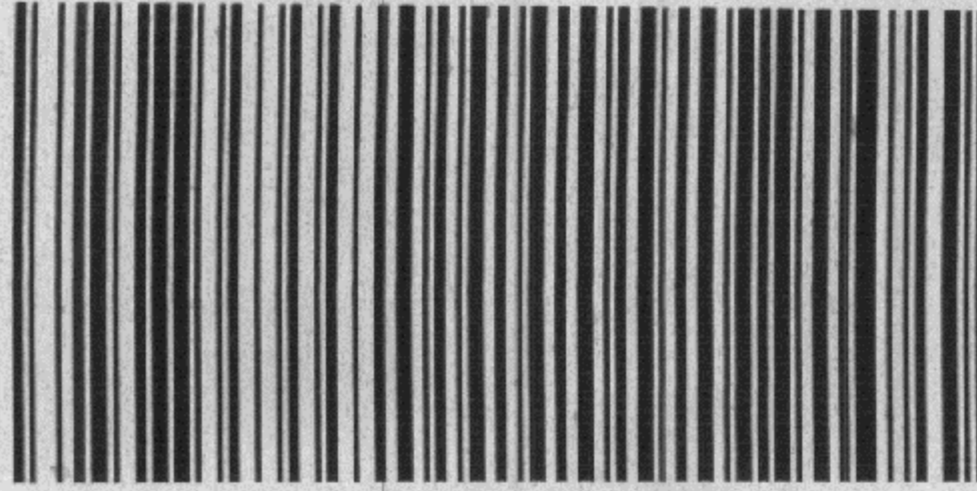


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD23326271

Att: Vickey

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET KILLARNEY SHOP 100 KILLARNEY MALL		Company Name Le creuset SA				<input type="checkbox"/> Same Day	
Street Address 60 RIVIERA ROAD		Street Address Unit 5, Heron Park Olive grove, Industrial Estate Old Paardevlei Rd				<input checked="" type="checkbox"/> Express	
Suburb KILLARNEY		Suburb Comerzet west				<input type="checkbox"/> With Sunrise Option	
City / Town JNB	Postal Code 2193	City / Town Cape town	Postal Code 7130	<input type="checkbox"/> With Saturday Service		<input type="checkbox"/> Public Holiday Service	
Contact CASSANDRA		Contact Vickey				<input type="checkbox"/> Economy	
Phone 011 646 6316		Phone 021 851 7178				<input type="checkbox"/> After Hours	
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"/> BLNS Customs Tariff		<input type="checkbox"/> Depot Hand In	
Sender's Reference		Analysis Code				<input type="checkbox"/> Total Mass (Kg)	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027766		Bill To <input checked="" 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 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)	
Goods received in full without damage (unless endorsed)				Received By UTi			
Name Of Receiver (PLEASE PRINT CLEARLY) A du Keer				Name Of Courier (PLEASE PRINT CLEARLY) SOL			
Date Received: 020218				Date Received: 020218			
Time Received: 09:50				Time Received: 15:01			
Signature:				Signature:			

POD COPY

Version Control (06/2010)