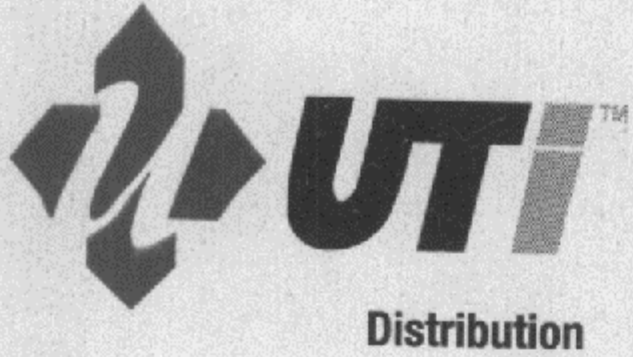


**CONTRACT FOR CARRIAGE / DISPATCH NOTE**



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



**SUBBD23490622**


POD COPY

<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>Bedford Centre Shop u17</u>				Street Address <u>Unit 5 Heron Park Olive Grove Industrial Estate</u>				<input checked="" type="checkbox"/> Express	
Suburb <u>Cnr. Smith and Vender Linde Bedfordview</u>				Suburb <u>Old PAARdevlei rd. Somerset West</u>				<input type="checkbox"/> With Sunrise Option	
City / Town <u>JHB</u>		Postal Code <u>2008</u>		City / Town <u>Cape Town</u>		Postal Code <u>7130</u>		<input type="checkbox"/> With Saturday Service	
Contact <u>Mila</u>				Contact <u>Jenna</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>011 8151923</u>				Phone <u>021 2517178</u>				<input type="checkbox"/> Economy	
Destination Country		South Africa		Botswana		Lesotho		Namibia	
								Swaziland	
								Other (Please Specify)	
Sender's Reference <u>UTI 0864330</u>				Analysis Code					
<b>SPECIAL INSTRUCTIONS</b>									
Bill Charges To Account No. <u>027766</u>				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.									
<p>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).</p>									
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>	
1									
<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)				
<u>Jenna</u>					<u>CITICORP</u>				
Date Received:		Time Received:			Date Received:		Time Received:		
<u>280218</u>		<u>0858</u>			<u>260218</u>		<u>1350</u>		
Signature: <u>[Signature]</u>					Signature: <u>[Signature]</u>				

Total Mass (Kg)

Version Control (08/2010)