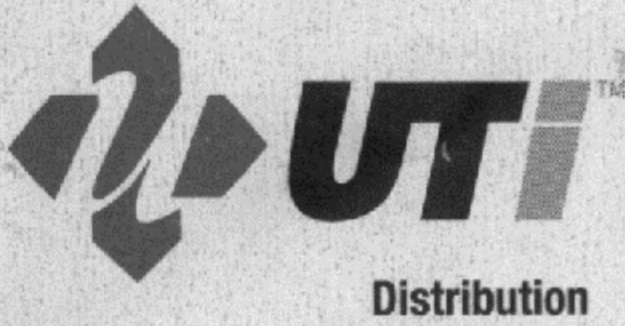
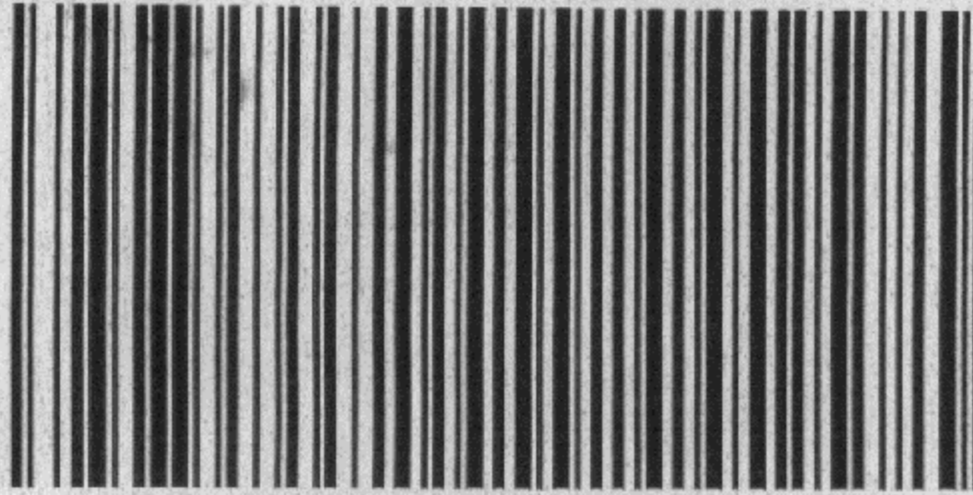


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD23683314

ADDITIONAL					
TRACKING					
NUMBERS					

Sender's Details				Consignee's Details, Full Street Address Please				Mark Service Required			
Company Name: <u>Le Creuset Centurion</u>				Company Name: <u>Le Creuset</u>				<input type="checkbox"/> Same Day			
Street Address: <u>Shop 312E Centurion Mall</u>				Street Address: <u>Unit 5 Heron Park Olive Grove Industrial Park</u>				<input type="checkbox"/> Express			
Suburb: <u>Heurvel Avenue Centurion</u>				Suburb: <u>Old Paardevlei Road Somerset West</u>				<input type="checkbox"/> With Sunrise Option			
City / Town: <u>Pretoria</u>		Postal Code: <u>0151</u>		City / Town: <u>Cape Town</u>		Postal Code: <u>7701</u>		<input type="checkbox"/> With Saturday Service			
Contact: <u>Sisa</u>				Contact: <u>Helena</u>				<input type="checkbox"/> Public Holiday Service			
Phone: <u>012 004 0217 3 5</u>				Phone: <u>021 851 7178</u>				<input checked="" type="checkbox"/> Economy			
Destination Country:		<input 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: <u>Ut: 0146519</u>				Analysis Code:				<input type="checkbox"/> BLNS Customs Tariff			
SPECIAL INSTRUCTIONS											
Bill Charges To Account No. <u>027766</u>		Bill To <input type="checkbox"/> Sender		<input type="checkbox"/> Consignee		<input type="checkbox"/> Other (Name Please)		<input type="checkbox"/>			
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)		HEIGHT (CM)			
<u>1</u>		<u>Box</u>		<u>41</u>		<u>29</u>		<u>11.8</u>			
Goods received in full without damage (unless endorsed)						Received By UTI					
Name Of Receiver (PLEASE PRINT CLEARLY): <u>Elvino</u>						Name Of Courier (PLEASE PRINT CLEARLY): <u>Peter</u>					
Date Received: <u>29/01/18</u>			Time Received: <u>0940</u>			Date Received: <u>29/01/18</u>			Time Received: <u>1340</u>		
Signature: <u>[Signature]</u>						Signature: <u>[Signature]</u>					

POD COPY

Version Control (06/2010)