

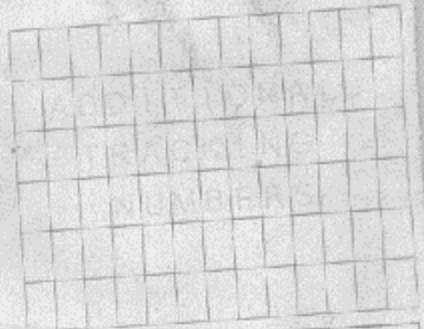
CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
 t/a UTI Distribution
 PO Box 83, The Reeds 0081
 Tel (012) 873-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4260213873



SUBBD23683390



Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name: <u>Le Creuset</u>		Company Name: <u>Le Creuset (Hobart Grove)</u>						<input type="checkbox"/> Same Day	
Street Address: <u>Shop 312 E</u>		Street Address: <u>Hobart Grove</u>						<input type="checkbox"/> Express	
<u>Centurion Mall</u>		<u>Shop G1</u>						<input type="checkbox"/> With Sunrise Option	
<u>Heuwel Avenue</u>		<u>cnr Hobart & Grosvenor Rds.</u>						<input type="checkbox"/> With Saturday Service	
Suburb: <u>Centurion</u>		Suburb: <u>Bryanston</u>						<input type="checkbox"/> Public Holiday Service	
City/Town: <u>Pretoria</u> Postal Code: <u>0157</u>		City/Town: <u>Johannesburg</u> Postal Code: <u>2021</u>						<input type="checkbox"/> Economy	
Contact: <u>Eureka</u>		Contact: <u>Sevanan</u>						<input type="checkbox"/> After Hours	
Phone: <u>012 004 0217</u>		Phone: <u>011 568 4708</u>						<input type="checkbox"/> BENS Customs Tariff	
Destination Country: <u>South Africa</u>		<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"/> Depot Hand In	
Sender's Reference: <u>UT110854993</u>		Analysis Code: [] [] [] [] [] [] [] [] [] []						<input type="checkbox"/> BENS Customs Tariff	
SPECIAL INSTRUCTIONS		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) [] [] [] [] [] [] [] [] [] [] If Consignee Or Other (Third Party) Is Billed Sender Remains Liable For Unpaid Charges.						<input type="checkbox"/> Depot Hand In	
Bill Charges To Account No. <u>027766</u>		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).						SENDER'S AUTHORIZED SIGNATURE: <u>[Signature]</u> DATE: <u>26/02/08</u>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		Total Parcels		LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (K)		
		1		Flyer.					
Goods received in full without damage (unless endorsed)		Name Of Receiver (PLEASE PRINT CLEARLY)		Date Received:		Time Received:			
		<u>Boltonelo</u>		<u>270208</u>		<u>1145</u>			
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>		Date Received: <u>250208</u>		Time Received: <u>1440</u>			

POD COPY

UTD 000001