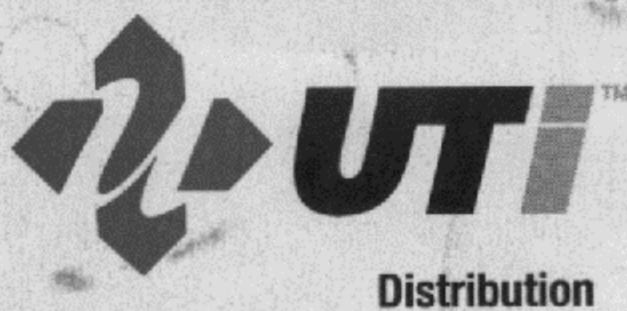
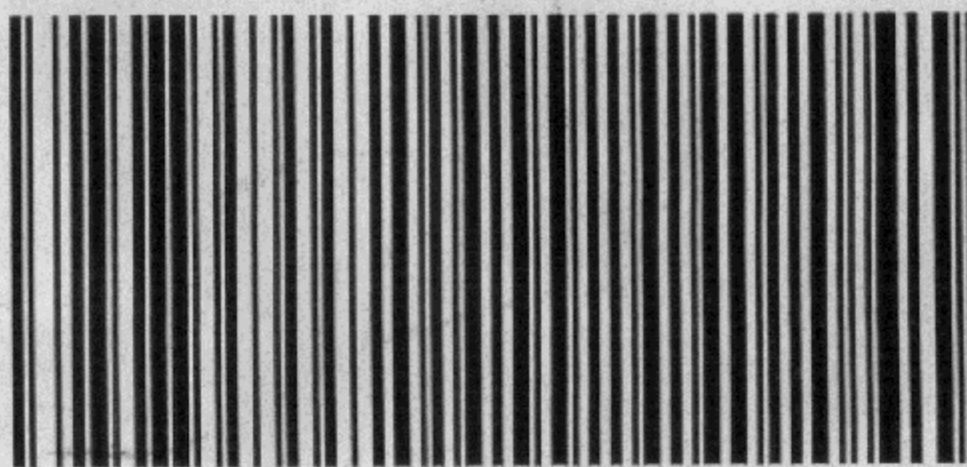


**CONTRACT FOR CARRIAGE / DISPATCH NOTE**



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



**SUBBD23683392**


<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>Shop 312 E Centurion Mall Heuwel Avenue</u>		Street Address <u>Shop 03 90 William Campbell Drive</u>				<input type="checkbox"/> Express	
Suburb <u>Centurion</u>		Suburb <u>Lg Lucia</u>				<input type="checkbox"/> With Sunrise Option	
City / Town <u>Pretoria</u> Postal Code <u>0151</u>		City / Town <u>Durban North</u> Postal Code <u>4000</u>				<input type="checkbox"/> With Saturday Service	
Contact <u>EUREKA</u>		Contact <u>Atisha</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>012 004 -0217</u>		Phone <u>031 572 5045</u>				<input checked="" type="checkbox"/> Economy	
Destination Country		South Africa		Botswana		<input type="checkbox"/> After Hours	
		Lesotho		Namibia		<input type="checkbox"/> BLNS Customs Tariff	
		Swaziland		Other (Please Specify)		<input type="checkbox"/> Depot Hand In	
Sender's Reference <u>Ut10854993</u>		Analysis Code				<input type="checkbox"/> Total Mass (K)	
<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.							
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			
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>	
						<b>HEIGHT(CM)</b>	
<u>1/3</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>ALVINA</u>				<u>Ereka</u>			
Date Received:		Time Received:		Date Received:		Time Received:	
<u>22/02/18</u>		<u>13:24</u>		<u>26/02/18</u>		<u>14:00</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			

POD COPY

Version Control (06/2010)