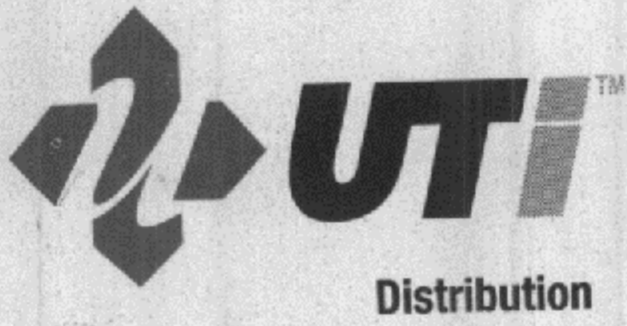


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD23808034

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | | | | | |
|--|--|---|--|--|--|---|
| Sender's Details Company Name: LE CREUSET DBN Street Address: SHOP UL 262 PAVILION SHOPPING CENTER JACK HAARTENS DRIVE WESTVILLE Suburb: WESTVILLE City / Town: DURBAN Postal Code: 4000 Contact: ZAMA Phone: 031 265 8455 | | Consignee's Details. Full Street Address Please Company Name: LE CREUSET CPT Street Address: UNIT 5 HERON PARK OLIVE GROVE OLD PAARDEVLEI ROAD Suburb: SOMERSET WEST City / Town: CAPE TOWN (CPT) Postal Code: 8000 Contact: ATT JACQUELINE Phone: 021 851 7178 | | | | Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours BLNS Customs Tariff <input type="checkbox"/> Depot Hand In |
| 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) | | Analysis Code: | | | | |
| Sender's Reference: | | Analysis Code: | | | | |
| SPECIAL INSTRUCTIONS Bill Charges To Account No. <input type="checkbox"/> Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> 027766 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 | | SENDER'S AUTHORISED SIGNATURE: <i>[Signature]</i> DATE: 01/02/18 | | | | |
| Total Parcels NO. OF PARCELS PER DIMENSIONS: 1 Parcel LENGTH (CM): WIDTH (CM): HEIGHT (CM): | | Total Mass (Kg): | | | | |
| Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): EI VINE Date Received: 050218 Signature: <i>[Signature]</i> | | | Received By UTI Name Of Courier (PLEASE PRINT CLEARLY): Aaron Date Received: 010218 Time Received: 1630 Signature: <i>[Signature]</i> | | | |

POD COPY Version Control (06/2010)