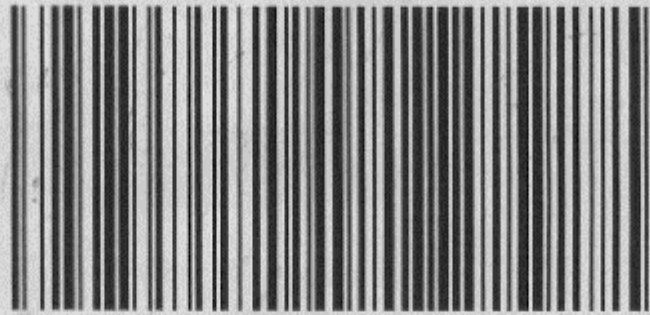


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD23817548

S	U	Z	S	T	8	0	3	0	4	7	0

Sender's Details

Consignee's Details. Full Street Address Please

Mark Service Required

Company Name: **LE CREUSET DBN**
 Street Address: **SHOP UL 262 PAVILION SHOPPING CENTER JACK MAARTENS DRIVE**
 Suburb: **WESTVILLE**
 City / Town: **DURBAN** Postal Code: **4000**
 Contact: **TRISHIA / RASHREE**
 Phone: **031 265 8455**

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: **LAUREN**
 Phone: **021 851 7178**

- Same Day
- Express
- With Sunrise Option
- With Saturday Service
- Public Holiday Service

Economy

After Hours

BLNS Customs Tariff

Depot Hand In

Destination Country: South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)
 Sender's Reference: **UT12376037** Analysis Code: **027766**

SPECIAL INSTRUCTIONS
 Bill Charges To Account No. Bill To Sender Consignee Other (Name Please)
 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).
 SENDER'S AUTHORIZED SIGNATURE: *[Signature]* DATE: **09/05/2018**

e-mail / Fax / Proof of Delivery e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
2	2 X BOXES			

Total Mass (Kg)

Goods received in full without damage (unless endorsed)
 Name Of Receiver (PLEASE PRINT CLEARLY): **A. M. ...**
 Date Received: **09/05/18** Time Received: **09:45**
 Signature: *[Signature]*

Received By UTI
 Name Of Courier (PLEASE PRINT CLEARLY): **ACRON**
 Date Received: **09/05/18** Time Received: **11:10**
 Signature: *[Signature]*

POD COPY