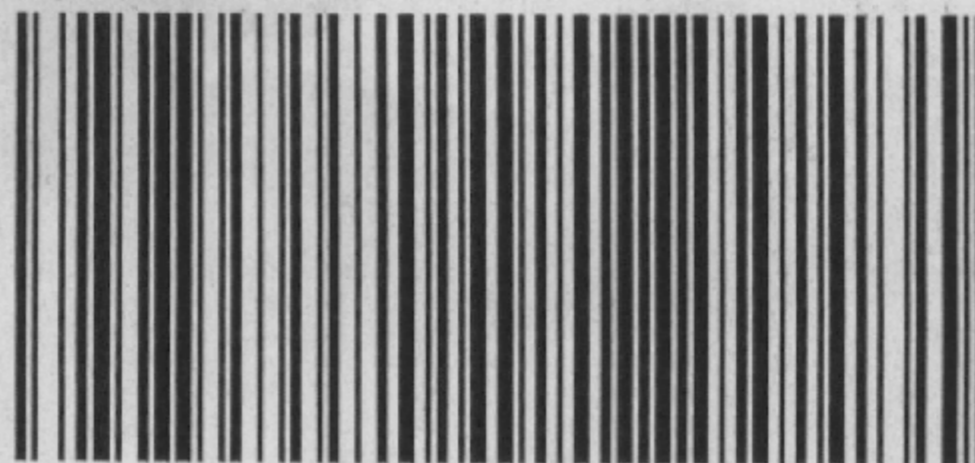


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD23817553

ADDITIONAL									
TRACKING									
NUMBERS									

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please			
Company Name	LE CREUSET DBN	Company Name	LE CREUSET CPT		
Street Address	SHOP UL 262 PAVILION SHOPPING CENTER JACK HAARTENS DRIVE	Street Address	UNIT 5 HERON PARK OLIVE GROVE OLD PAARDEVLEI ROAD		
Suburb	WESTVILLE	Suburb	SOMERSET WEST		
City / Town	DUR	City / Town	CAPE TOWN (CPT)		
Postal Code	4000	Postal Code	8000		
Contact	Atisha	Contact	ATT: Jennal		
Phone	031-265-8455	Phone	021-851-7178		

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS Customs Tariff

Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference	UT2	443844	DAMAGES	Analysis Code		

SPECIAL INSTRUCTIONS

Bill Charges To Account No. Bill To Sender Consignee Other (Name Please)

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).

Pass 29/08/2018

SENDER'S AUTHORISED SIGNATURE **DATE**

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

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1	1	BOY		

Depot Hand In

Total Mass (Kg)

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)

BASIL

Date Received: 300818

Time Received: 1000

Signature: *[Signature]*

Received By UTI

Name Of Courier (PLEASE PRINT CLEARLY)

AORON

Date Received: 290818

Time Received: 11620

Signature: *[Signature]*