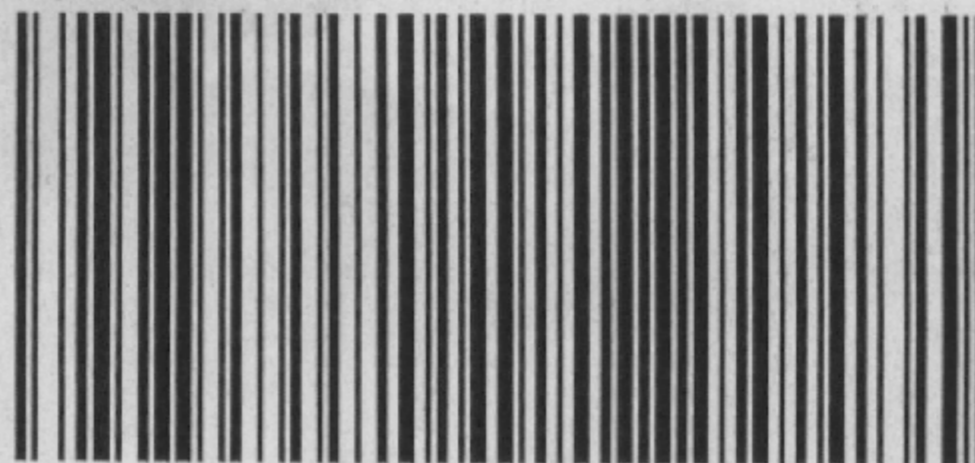


**CONTRACT FOR CARRIAGE / DISPATCH NOTE**



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				Mark Service Required	
Company Name <b>LE CREUSET DBN</b>		Company Name <b>LE CREUSET CPT</b>				<input type="checkbox"/> Same Day	
Street Address <b>SHOP UL 262 PAVILION SHOPPING CENTER JACK HAARTENS DRIVE</b>		Street Address <b>UNIT 5 HERON PARK OLIVE GROVE OLD PAARDEVLEI ROAD</b>				<input type="checkbox"/> Express	
Suburb <b>WESTVILLE</b>		Suburb <b>SOMERSET WEST</b>				<input type="checkbox"/> With Sunrise Option	
City / Town <b>DUR</b>	Postal Code <b>4000</b>	City / Town <b>CAPE TOWN (CPT)</b>	Postal Code <b>8000</b>			<input type="checkbox"/> With Saturday Service	
Contact <b>Atisha</b>		Contact <b>ATT: Jennal</b>				<input type="checkbox"/> Public Holiday Service	
Phone <b>031-265-8455</b>		Phone <b>021-851-7178</b>				<input checked="" type="checkbox"/> Economy	

Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference	<b>UT2 443844 Damages</b>			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)
<b>1</b>	<b>1</b>	<b>BOV</b>		

Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>BASIL</b>		Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) <b>AORON</b>	
Date Received: <b>300818</b>	Time Received: <b>1000</b>	Date Received: <b>290818</b>	Time Received: <b>11620</b>
Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	