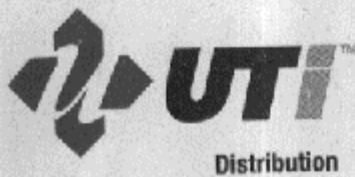


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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. 4230213873



SUBBD24006617

SUBMIT 0482530  
 ADDITIONAL  
 TRACKING  
 NUMBERS

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>Le creuset</b>		Company Name <b>Le creuset</b>				<input type="checkbox"/> Same Day	
Street Address <b>Shop 12 Menlyn Maine, January Masilela &amp; Amarand Avenue</b>		Street Address <b>Unit 6, Old Paardevlei Road, Olive Grove</b>				<input type="checkbox"/> Express	
Suburb <b>Waterkloof EXT 2</b>		Suburb <b>Somerset West</b>				<input type="checkbox"/> With Sunrise Option	
City/Town <b>Pretoria</b> Postal Code <b>20181</b>		City/Town <b>CAPE TOWN</b>		Postal Code		<input type="checkbox"/> With Saturday Service	
Contact <b>TONI</b>		Contact <b>Jenna</b>				<input type="checkbox"/> Public Holiday Service	
Phone <b>012 004 0082</b>		Phone <b>021 851 7178</b>				<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 <b>UT110912663</b>		Analysis Code				<input type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <b>027766</b>		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>							
<b>2</b>		<b>13</b>					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>ELKI NO</b>				Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) <b>[Signature]</b>			
Date Received: <b>09/03/18</b>		Time Received: <b>1020</b>		Date Received: <b>09/03/18</b>		Time Received: <b>1115</b>	
Signature: <b>[Signature]</b>				Signature: <b>[Signature]</b>			
						<b>Total Mass (Kg)</b>	

POD COPY

Version Control (08/2010)