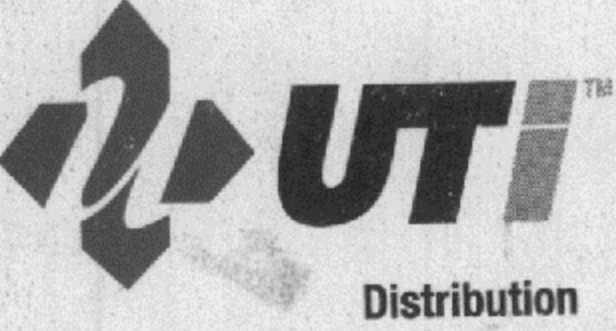


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD24006621

Sender's Details Company Name: <u>Le Creuset</u> Street Address: <u>Shop 12 January Masitela and Ammand Drive Waterkloof ext 2</u> Suburb: <u>Waterkloof ext 2</u> City/Town: <u>Pretoria</u> Postal Code: <u>0181</u> Contact: <u>Joni</u> Phone: <u>012 004 0082</u>		Consignee's Details: Full Street Address Please Company Name: <u>Le Creuset</u> Street Address: <u>Unit 6 Old Paradevlei Rd Olive Grove Somerset West</u> Suburb: <u>Somerset West</u> City/Town: <u>Cape Town</u> Postal Code: <u>0181</u> Contact: <u>Vicky</u> Phone: <u>021 881 7178</u>		Mark Service Required <input type="checkbox"/> Same Day <input checked="" type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input type="checkbox"/> Economy <input type="checkbox"/> After Hours BLNS Customs Tariff <input type="checkbox"/> Depot Hand In
Destination Country: <input checked="" 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)	Sender's Reference: <u>UTI 0659095</u> Analysis Code:			
SPECIAL INSTRUCTIONS Bill Charges To Account No. <u>027766</u> Bill To <input type="checkbox"/> Sender <input type="checkbox"/> 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		SENDER'S AUTHORISED SIGNATURE: <u>[Signature]</u> DATE: <u>2018-02-16</u>		
Total Parcels: <u>1</u>	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	
HEIGHT (CM)				
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>ALICE DE BEER</u> Date Received: <u>19/01/18</u> Time Received: <u>11:45</u> Signature: <u>[Signature]</u>		Received By UTi Name Of Courier (PLEASE PRINT CLEARLY): <u>[Signature]</u> Date Received: <u>19/01/18</u> Time Received: <u>11:55</u> Signature: <u>[Signature]</u>		

POD COPY

Version Control (06/2010)