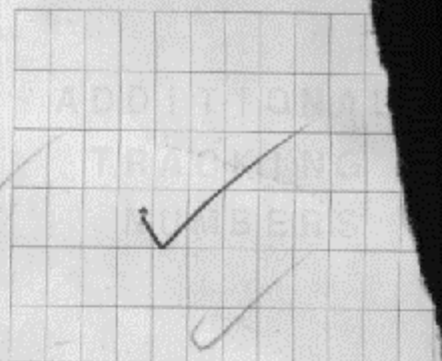


CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
 t/a UTI Sun Couriers  
 PO Box 83, The Reeds 0061  
 Tel (012) 673-2000  
 Reg. No. 2004/015747/07  
 VAT Reg. No. 4260213873



SUBCD26250255

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name <b>LE CREUSET</b>	Company Name <b>LE CREUSET CPT</b>	Street Address <b>SHIP UL 262, PAVILION SHOPPING CENTRE JACK MAARTIENS DRIVE</b>	Street Address <b>UNIT 5, HERON PARK OLIVE GROVE IND ESTATE SOMERSET WEST</b>
Suburb <b>WESTVILLE</b>	Suburb	City / Town <b>DUR</b> Postal Code <b>4000</b>	City / Town <b>SOMERSET WEST (SSW)</b> Postal Code <b>8000</b>
Contact <b>RASHREE TRISINA</b>	Contact <b>LISA</b>	Phone <b>031 265 8455</b>	Phone <b>021 851 7178</b>

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS  
Customs  
Tariff  
Lines

Destination Country	South Africa <input checked="" type="checkbox"/>	Botswana	Lesotho	Namibia	Swaziland	Other <input checked="" type="checkbox"/> (Please Specify)
Sender's Reference						Analysis Code

**SPECIAL INSTRUCTIONS**

Bill Charges To Account No. **027756**

Bill To  Sender  Consignee  Other (Name Please)

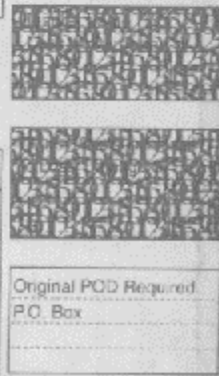
If Consignee Or Third Party Is Billed, Sender Remains Liable For Unpaid Charges

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 SUN COURIERS LIMITS ITS LIABILITY TO R250.00 PER SHIPMENT. (SEE CLAUSE 12.5 OVERLEAF). IF YOU WISH UTI SUN COURIERS TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSES 12.5, 12.6 AND 12.7 OVERLEAF).

*[Signature]*  
 SENDER'S AUTHORISED SIGNATURE  
 DATE **21/06/2018**

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

Total Parcels	Dimensions In Centimetres			Mass (kg)
	NO. OF PARCELS <b>1 X FLYER</b>	LENGTH	WIDTH	
<b>1</b>				



Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)  
**LISA**

Date Received:  
**040618**

Time Received:  
**1100**

Signature *[Signature]*

Received by UTI

Name Of Courier (PLEASE PRINT CLEARLY)  
**AORON**

Date Received:  
**060518**

Time Received:  
**1629**

Signature *[Signature]*