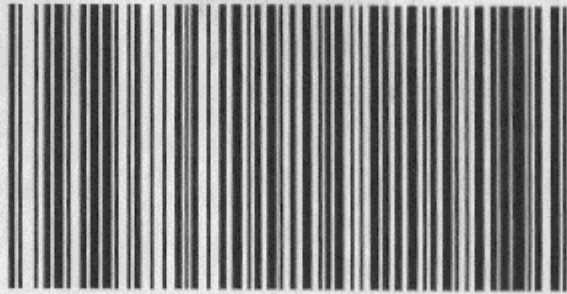


CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Sun Couriers
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213673



ADDITIONAL									
TRACKING									
NUMBERS									

SUBCD26250261

POD COPY

Sender's Details Company Name LE CREUSET Street Address SHOP UL 262, PAVILION SHOPPING CENTRE JACK MAARTTENS DRIVE Suburb WESTVILLE City / Town DUR Postal Code 4000 Contact RASHREE TRISNA Phone 031 265 8455			Consignee's Details. Full Street Address Please Company Name LE CREUSET CPT Street Address UNIT 5, HERON PARK OLIVE GROVE IND ESTATE SOMERSET WEST Suburb City / Town SOMERSET WEST (SSW) Postal Code 8000 Contact VICKY ACCOUNTS Phone 021 851 7178			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		
Destination Country South Africa <input checked="" type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)		Sender's Reference Analysis Code						
SPECIAL INSTRUCTIONS								
Bill Charges To Account No. 027766		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> 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).								
e-mail / Fax / Proof of delivery <input type="checkbox"/>			e-mail Address / Fax Number					
Total Parcels <input type="text" value="1"/>		NO. OF PARCELS 1 X FLYER		Dimensions In Centimetres LENGTH WIDTH HEIGHT <input type="text"/> <input type="text"/> <input type="text"/>				
Mass (kg) <input type="text"/>		Original POD Required P.O. Box						
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) Wade			Received by UTI Name Of Courier (PLEASE PRINT CLEARLY) Aaron					
Date Received: 17/07/18		Time Received: 09:33		Date Received: 16/07/18				
Signature		Signature						

LONDON: SU (011) 474-1828 Version Control (10/2012) BUN2014 5012