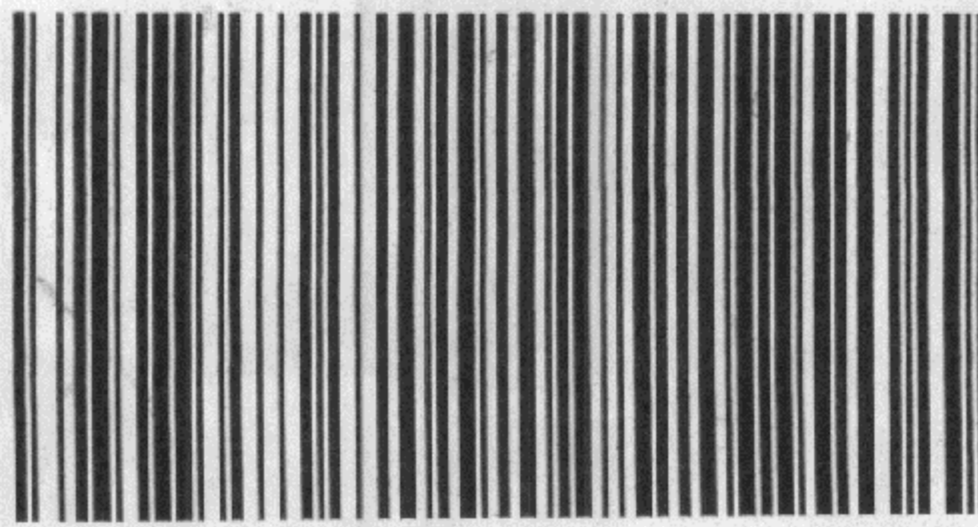


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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. 4260213873




**SUBCD26250270**

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <b>LE CREUSET</b>		Company Name <b>LE CREUSET CPT</b>						<input type="checkbox"/> Same Day	
Street Address <b>SHOP UL 262, PAVILION SHOPPING CENTRE JACK NAARTTENS DRIVE</b>		Street Address <b>UNIT 5, HERON PARK OLIVE GROVE IND ESTATE SOMERSET WEST</b>						<input checked="" type="checkbox"/> Express	
Suburb <b>WESTVILLE</b>		Suburb						<input type="checkbox"/> With Sunrise Option	
City / Town <b>DUR</b> Postal Code <b>4000</b>		City / Town <b>SOMERSET WEST (SSW)</b> Postal Code <b>8000</b>						<input type="checkbox"/> With Saturday Service	
Contact <b>RASHREE</b>		Contact <b>JEJNA / FRANCI</b>						<input type="checkbox"/> Public Holiday Service	
Phone <b>031 265 8455</b>		Phone <b>021 851 7178</b>						<input type="checkbox"/> Economy	
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		Analysis Code						<input type="checkbox"/> BLNS Customs Tariff Lines	
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. <b>027766</b>		Bill To Sender <input checked="" type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		<input type="checkbox"/> Depot Hand In	
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		NO. OF PARCELS		Dimensions In Centimetres			Mass (kg)		
<b>1</b>		<b>1X FLYER</b>		LENGTH WIDTH HEIGHT			<b>1</b>		
Goods received in full without damage (unless endorsed)					Received by UTI				
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)				
<b>FRANCI</b>					<b>ARON</b>				
Date Received:					Date Received:				
<b>050218</b>					<b>020218</b>				
Time Received:					Time Received:				
<b>1017</b>					<b>46PM</b>				
Signature					Signature				

POD COPY

Lithotech SJ (011) 474-1828 Version Control (10/2012) SUN03014 10/12