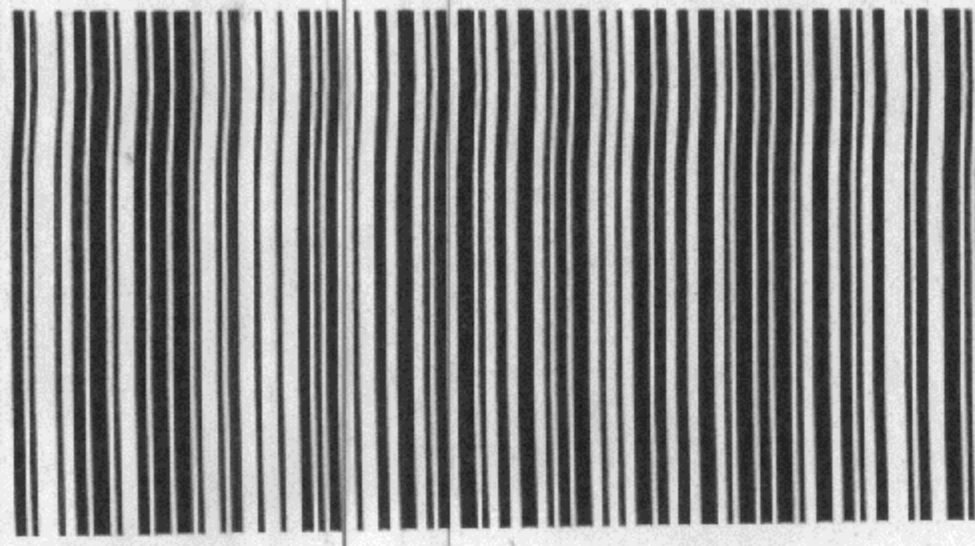


CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
 1/a UTI Sun Couriers
 PO Box 63, The Reeds 0061
 Tel (012) 673-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4260213873



SUBCD26250271

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 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 JEUNA / FRANCI Phone 021 851 7178				Mark Service Required <input type="checkbox"/> Same Day <input 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 <input type="checkbox"/> BLNS Customs Tariff Lines <input type="checkbox"/> Depot Hand In <input type="checkbox"/> Original POD Required P.O. Box	
Destination Country: South Africa <input checked="" type="checkbox"/> Botswana Lesotho Namibia Swaziland Other (Please Specify)		Analysis Code				Sender's Reference	
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) <input type="checkbox"/> 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).							
SENDER'S AUTHORISED SIGNATURE: <i>[Signature]</i> DATE: 02/02/2018							
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		Mass (kg) <input type="text"/>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) SI VIMO Date Received: 050218 Time Received: 1050 Signature: <i>[Signature]</i>				Received by UTI Name Of Courier (PLEASE PRINT CLEARLY) ACRON Date Received: 020218 Time Received: H-6:15 Signature: <i>[Signature]</i>			

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