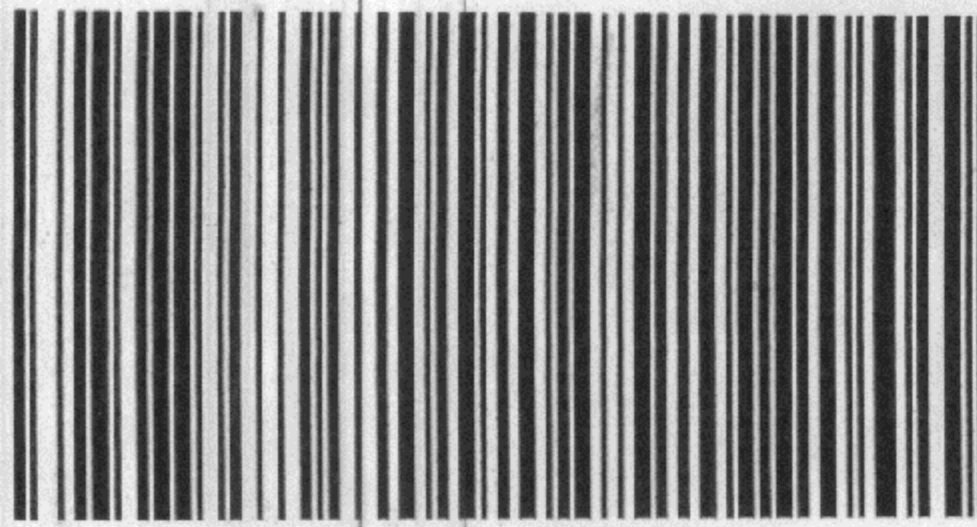


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBCD26250272

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET		Company Name LE CREUSET CPT				<input type="checkbox"/> Same Day	
Street Address SHOP UL 262, PAVILION SHOPPING CENTRE JACK MAARTTENS DRIVE		Street Address UNIT 5, HERON PARK OLIVE GROVE IND ESTATE SOMERSET WEST				<input type="checkbox"/> Express	
Suburb WESTVILLE		Suburb				<input type="checkbox"/> With Sunrise Option	
City / Town DUR Postal Code 4000		City / Town SOMERSET WEST (SSW) Postal Code 8000				<input type="checkbox"/> With Saturday Service	
Contact RASHREE		Contact LISA (HR)				<input type="checkbox"/> Public Holiday Service	
Phone 031 255 8455		Phone 021 851 7178				<input checked="" type="checkbox"/> Economy	
Destination Country		South Africa		Botswana		<input type="checkbox"/> After Hours	
		Lesotho		Namibia		<input type="checkbox"/> BLNS Customs Tariff Lines	
		Swaziland		Other (Please Specify)		<input type="checkbox"/> Depot Hand In	
Sender's Reference		Analysis Code				<input type="checkbox"/> Original POD Required P.O. Box	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027766		Bill To <input checked="" type="checkbox"/> Sender		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).							
e-mail / Fax / Proof of delivery <input type="checkbox"/>				e-mail Address / Fax Number			
Total Parcels		Dimensions In Centimetres		HEIGHT		Mass (kg)	
NO. OF PARCELS 1 X FLUR		LENGTH		WIDTH		MASS	
Goods received in full without damage (unless endorsed)				Received by UTI			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
ELVINO				AARON			
Date Received:				Date Received:			
050218				020218			
Time Received:				Time Received:			
1030				1615			
Signature				Signature			

POD COPY

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