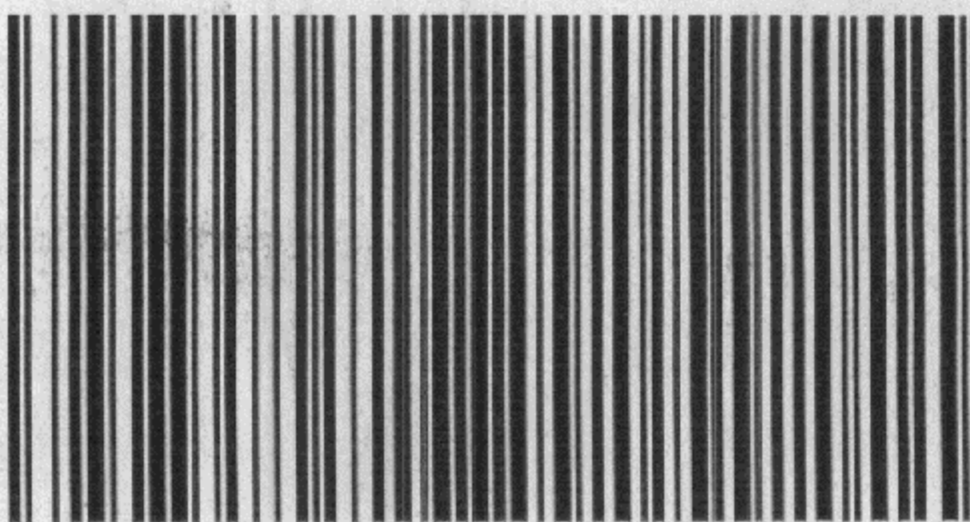


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBCD27589082

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET		Company Name LE CREUSET				<input type="checkbox"/> Same Day	
Street Address SHOP 312 E CENTURION MALL HEUNEL AVENUE CENTURION		Street Address UNIT 5 HERON PARK OLIVE GROVE INDUSTRIAL ESTATE OLD PAARDEVELD ROAD SOMERSET WEST				<input type="checkbox"/> Express	
Suburb CENTURION		Suburb SOMERSET WEST				<input type="checkbox"/> With Sunrise Option	
City / Town PRETORIA Postal Code 0157		City / Town CAPE TOWN Postal Code 8001				<input type="checkbox"/> With Saturday Service	
Contact SISA		Contact HELENA				<input type="checkbox"/> Public Holiday Service	
Phone 012 004 0217		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 UNITVOS80623		Analysis Code				<input type="checkbox"/> Original POD Required P.O. Box	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027766		Bill To <input 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		LENGTH		WIDTH		MASS	
1		box					
Goods received in full without damage (unless endorsed)				Received by UTI			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
ELVINO				UTI			
Date Received:		Time Received:		Date Received:		Time Received:	
150218		0945		150218		1528	
Signature				Signature			

POD COPY

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