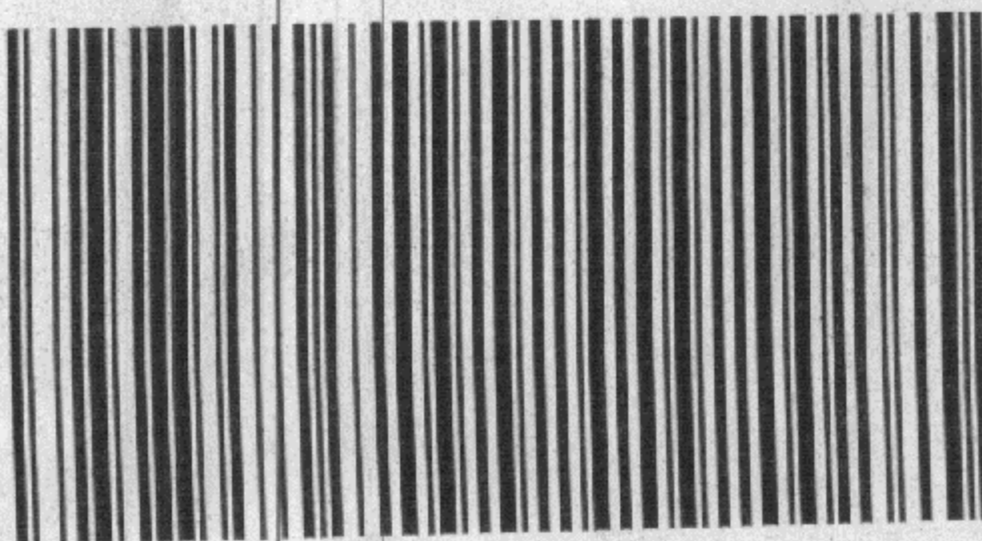


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



ADDITIONAL					
TRACKING					
NUMBERS					

SUBCD28832829

POD COPY

Sender's Details		Consignee's Details - Full Street Address Please	
Company Name <i>Le Crouset</i>	Company Name <i>Le Crouset</i>	Street Address <i>Unit 5 Heron Park</i>	Street Address <i>Unit 5 Heron Park</i>
Street Address <i>Unit 5 Heron Park</i>	Street Address <i>Unit 5 Heron Park</i>	Suburb <i>Somerset West</i>	Suburb <i>Somerset West</i>
Suburb <i>Upper Mall</i>	Suburb <i>Somerset West</i>	City / Town <i>CAPE TOWN</i>	City / Town <i>CAPE TOWN</i>
City / Town <i>JHB</i>	City / Town <i>CAPE TOWN</i>	Postal Code <i>7129</i>	Postal Code <i>7129</i>
Contact <i>Patricia</i>	Contact <i>JENIVA</i>	Phone <i>021-325-5606</i>	Phone <i>021-851-7178</i>

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS
Customs
Tariff
Lines

Depot Hand In

Destination Country: South Africa, Botswana, Lesotho, Namibia, Swaziland, Other (Please Specify)

Sender's Reference: *UTI10305626*

SPECIAL INSTRUCTIONS

Bill Charges To Account No. [] [] [] [] [] [] [] [] [] []

Bill To: Sender, Consignee, 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).

[Signature] *01/02/18*
SENDER'S AUTHORISED SIGNATURE DATE

e-mail / Fax / Proof of delivery e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS	Dimensions In Centimetres			Mass (kg)
		LENGTH	WIDTH	HEIGHT	
<i>1</i>	<i>1</i>	<i>BOX</i>			

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)
SIVINO

Date Received:
050218

Time Received:
1030

Signature: *[Signature]*

Received by UTI

Name Of Courier (PLEASE PRINT CLEARLY)
TAMISTHO

Date Received:
050218

Time Received:
1500

Signature: *[Signature]*

Lithotech SJ (011) 474-1828 - Version Control (10/2012) SUN03014 1012