

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
 1/a UTI Sun Couriers
 PO Box 63, The Reeds 0051
 Tel (012) 673-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4260213873



ADDITIONAL
TRACKING
NUMBERS

SUBCD28945007

POD COPY

Sender's Details

Company Name: LE CREUSET HIDE PARK
 Street Address: SHOP 71 UPPER MALL HIDE PARK CORNER 1-11 CAN JAN SAUTS 3 6th AVENUE HIDE PARK
 Suburb: HIDE PARK
 City / Town: THB Postal Code: 2196
 Contact: 011 395 5606 PATRICIA
 Phone: PATRICIA

Consignee's Details. Full Street Address Please

Company Name: LE CREUSET
 Street Address: UNIT 5 HERON PARK OLIVE GROVE PARK, CAPE TOWN
 Suburb: SOMERSET WEST
 City / Town: CAPE TOWN Postal Code: 8001
 Contact: LISA
 Phone: 021 851 9178

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: UT110962099 Analysis Code: [] [] [] [] []

SPECIAL INSTRUCTIONS

Bill Charges To Account No. 027760

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)

SENDER'S AUTHORISED SIGNATURE: [Signature] DATE: 01/03/18

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

Total Parcels NO. OF PARCELS: 1 (FLOR)

Dimensions In Centimetres LENGTH WIDTH HEIGHT

Mass (kg)

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY): EL VMO

Date Received: 050818 Time Received: 1025

Signature: [Signature]

Received by UTI

Name Of Courier (PLEASE PRINT CLEARLY): [Signature]

Date Received: 010318 Time Received: 1600

Signature: [Signature]

Jinubeth S.J. (011) 474-1028, Version Control (10/2012) 00000004 - 0000