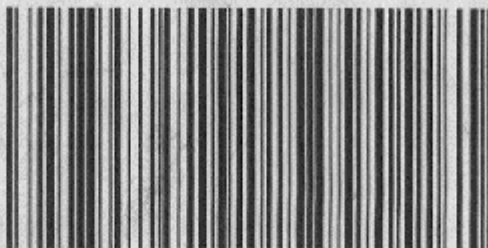


CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
 Via UTI Sun Couriers
 PO Box 63, The Reeds 0061
 Tel (012) 673-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4260219673



SUBCD28945010

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name	LE CREUSE HYDEPARK	Company Name	LE CREUSE GATEWAY
Street Address	Shop 71 Upper mall HYDE PARK CONEE	Street Address	Shop G158 GATEWAY Theatre of Shopping / Palm Boulevard
Suburb	HYDE PARK	Suburb	Umhlanga Ridge
City / Town	JHB	City / Town	Durban
Postal Code	296	Postal Code	4301
Contact	TAFICIA	Contact	SASHA
Phone	011 225 5606	Phone	031 100 1239

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

ELNS
Customs
Tariff
Lines

Depot Hand In

Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other	(Please Specify)
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Sender's Reference	UTIIIS6957	Analysis Code	
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SPECIAL INSTRUCTIONS

Bill Charges To Account No.	027766	Bill To Sender	<input type="checkbox"/>	Consignee	<input type="checkbox"/>	Other (Name Please)	<input type="checkbox"/>
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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
 e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS	Dimensions In Centimetres			Mass (kg)
		LENGTH	WIDTH	HEIGHT	
1					

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)

NATASJA

Date Received:

120318

Time Received:

1230

Signature

Received by UTI

Name Of Courier (PLEASE PRINT CLEARLY)

Date Received:

03/03/18

Time Received:

16:00

Signature

Original POD Required
P.O. Box