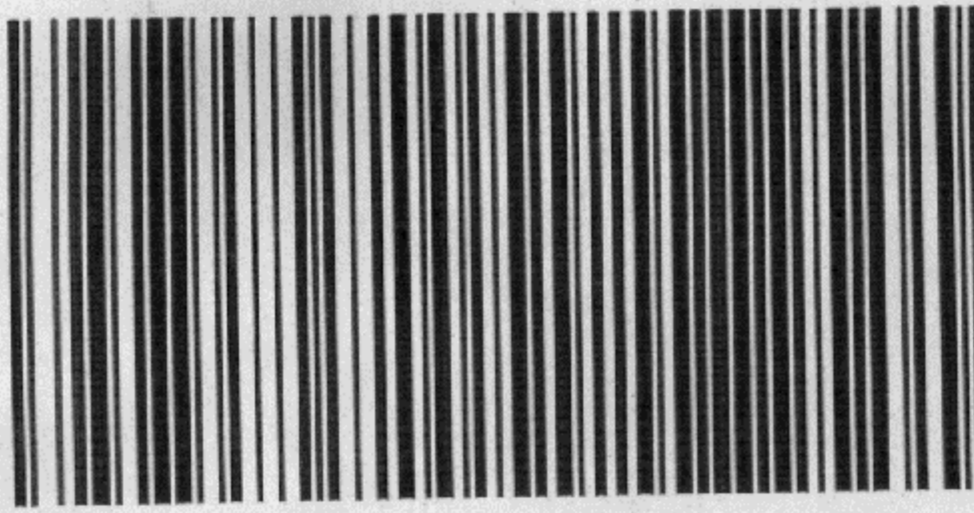


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBCD29086774

POD COPY

Lithotech SJ (011) 474-1828 Version Control (10/2012) SUN00014 10/12

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name	LE CREUSET PAVILLION	Company Name	LE CREUSET LA LUCIA
Street Address	JACK HARTENS DRIVE WESTVILLE	Street Address	90 WILLIAM GAMBELL DRIVE SHOP 3, LA LUCIA MALL
Suburb	DURBAN	Suburb	DURBAN NORTH
City / Town	DUR	City / Town	DURBAN
Postal Code	4000	Postal Code	
Contact	RASHREE ITRISINA	Contact	ATISHA
Phone	031 265 8455	Phone	031-5125045

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)	
Sender's Reference	UT110707194					Analysis Code	

SPECIAL INSTRUCTIONS

Bill Charges To Account No. 027766

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 19/02/2018

e-mail / Fax / Proof of delivery <input type="checkbox"/>	e-mail Address / Fax Number	
Total Parcels	Dimensions In Centimetres	Mass (kg)
NO. OF PARCELS	LENGTH	WIDTH
HEIGHT		
1	BOX	

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)

ATISHA

Date Received: 20 02 18

Time Received: 13:44

Signature *[Signature]*

Received by UTI

Name Of Courier (PLEASE PRINT CLEARLY)

AAPAV

Date Received: 19 02 18

Time Received: 11 02 9M

Signature *[Signature]*

BLNS Customs Tariff Lines

Depot Hand In

Original POD Required P.O. Box