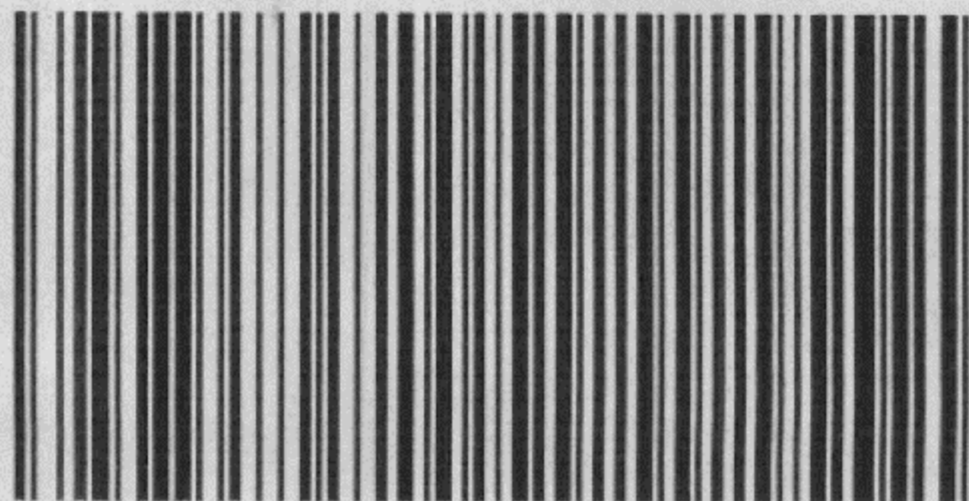


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBCD29086860

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name	LE CREUSET PAVILLION	Company Name	LE CREUSET BALLITO	<input type="checkbox"/>	
Street Address	JACK MARTENS DRIVE WESTVILLE	Street Address	LE CREUSET BALLITO JUNCTION SHOP 244 LEONORA DRIVE BALLITO, DOLPHIN CREST	<input type="checkbox"/>	
Suburb	DURBAN	Suburb		<input type="checkbox"/>	
City / Town	DUR	City / Town	DURBAN	<input type="checkbox"/>	
Postal Code	4000	Postal Code	4399	<input type="checkbox"/>	
Contact	RASHREE / TRISINA	Contact	SONITHA / HELENA	<input type="checkbox"/>	
Phone	031 265 8455	Phone	032 004 0138	<input type="checkbox"/>	

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

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).

SENDER'S AUTHORISED SIGNATURE: *[Signature]* DATE: 01/06/2018

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	1 X BOX				

<p>Goods received in full without damage (unless endorsed)</p> <p>Name Of Receiver (PLEASE PRINT CLEARLY)</p> <p>S O N I T H A</p> <p>Date Received:</p> <p>0 4 / 10 / 20 1 8</p> <p>Time Received:</p> <p>1 4 H: 1 8 M</p> <p>Signature: <i>[Signature]</i></p>	<p>Received by UTI</p> <p>Name Of Courier (PLEASE PRINT CLEARLY)</p> <p>A G E O W</p> <p>Date Received:</p> <p>0 4 / 10 / 20 1 8</p> <p>Time Received:</p> <p>1 4 H: 1 8 M</p> <p>Signature: <i>[Signature]</i></p>
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BLNS Customs Tariff Lines

Depot Hand In

Original POD Required P.O. Box