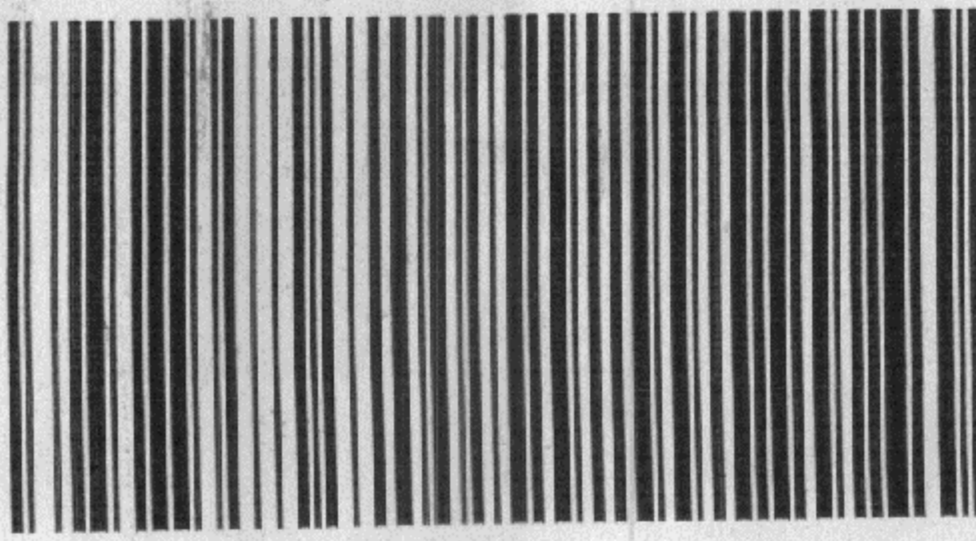


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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					

SUBCD29086876

<b>Sender's Details</b>		<b>Consignee's Details. Full Street Address Please</b>				<b>Mark Service Required</b>	
Company Name <b>LE CREUSET PAVILLION</b>		Company Name <b>Le Creuset Somerset Mall</b>				<input type="checkbox"/> Same Day	
Street Address <b>JACK MARTENS DRIVE WESTVILLE</b>		Street Address <b>Shop 45, Entrance 2 Somerset Mall</b>				<input type="checkbox"/> Express	
Suburb <b>DURBAN</b>		Suburb <b>Somerset West</b>				<input type="checkbox"/> With Sunrise Option	
City / Town <b>DUR</b>	Postal Code <b>4000</b>	City / Town <b>CAPE TOWN</b>	Postal Code <b>7130</b>	<input type="checkbox"/> With Saturday Service		<input type="checkbox"/> Public Holiday Service	
Contact <b>ZAMA</b>		Contact <b>Dene</b>				<input checked="" type="checkbox"/> Economy	
Phone <b>031 265 8455</b>		Phone <b>021 8510661</b>				<input type="checkbox"/> After Hours	
Destination Country		South Africa <input checked="" type="checkbox"/>		Botswana		Lesotho	
Namibia		Swaziland		Other (Please Specify)		BLNS Customs Tariff Lines	
Sender's Reference				Analysis Code			
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <b>027766</b>		Bill To <input checked="" type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>	
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 <input type="checkbox"/>				e-mail Address / Fax Number			
<b>Total Parcels</b>		<b>Dimensions In Centimetres</b>		<b>HEIGHT</b>		<b>Mass (kg)</b>	
NO. OF PARCELS		LENGTH		WIDTH		MASS (kg)	
<b>1 box</b>							
Goods received in full without damage (unless endorsed)				Received by UTI			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
<b>ROSHAN</b>				<b>AARON</b>			
Date Received:				Date Received:			
<b>08 01 18</b>				<b>03 01 18</b>			
Time Received:				Time Received:			
<b>11 35</b>				<b>11 35</b>			
Signature				Signature			

POD COPY

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