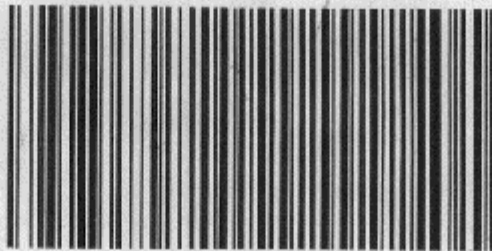


CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTi South Africa (Fly) Ltd
 Via UTi Sun Couriers
 PO Box 53, The Meadows 0081
 Tel (012) 673-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4260213373



ADDITIONAL
TRACKING
NUMBERS

SUBCD29086883

Sender's Details Company Name: LE CREUSET PAVILLION Street Address: JACK MARTENS DRIVE WESTVILLE DURBAN Suburb: _____ City / Town: DUR Postal Code: 4000 Contact: BRUNENCKE Phone: 031 265 8455		Consignee's Details. Full Street Address Please Company Name: LE CREUSET SANDTON Street Address: SHOP 2 339, SANDTON 1585th STREET Sandton Extension 3 Suburb: _____ City / Town: Jhb Postal Code: 296 Contact: ATT NTEBO Phone: _____				Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours					
Destination Country: South Africa		Botswana		Lesotho		Namibia		Swaziland		Other (Please Specify)	
Sender's Reference: _____ Analysis Code: _____						BLNS Customs Tariff Lines		Depot Hand In		Original POD Required P.O. Box	
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 <input type="checkbox"/> Bill To Sender <input type="checkbox"/> 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). SENDER'S AUTHORIZED SIGNATURE: _____ DATE: 01/02/08											
e-mail / Fax / Proof of delivery <input type="checkbox"/> e-mail Address / Fax Number: _____											
Total Parcels NO. OF PARCELS: 1 BOX		Dimensions In Centimetres LENGTH: _____ WIDTH: _____ HEIGHT: _____				Mass (kg): _____		Original POD Required P.O. Box		Goods received in full without damage (unless endorsed). Name Of Receiver (PLEASE PRINT CLEARLY): TEBOGO Date Received: 020218 Time Received: 1002 Signature: _____	
Received by UTI Name Of Courier (PLEASE PRINT CLEARLY): ARDY Date Received: 020218 Time Received: 1032 Signature: _____						Received by UTI Name Of Courier (PLEASE PRINT CLEARLY): ARDY Date Received: 020218 Time Received: 1032 Signature: _____					

POD COPY

Lithemba S.J. (011) 474-1189, Ve-stan Curilul (102012) 3140094 1912