

CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
 Via UTI Sun Couriers
 PO Box 63, The Reads 0061
 Tel (012) 673-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4260213873



ADDITIONAL
TRACKING
NUMBERS

SUBCD28839009

Sender's Details Company Name: <i>Le Creuset SA</i> Street Address: <i>Shop 417 Bedfordview</i> Suburb: <i>Bedford Center</i> City/Town: <i>Johannesburg</i> Contact: <i>Hub</i> Phone: <i>(011) 6151923</i>		Consignee's Details. Full Street Address Please Company Name: <i>Le Creuset</i> Street Address: <i>Unit 5 Heron Park</i> Suburb: <i>Olive Grove Industrial Estate</i> City/Town: <i>Oed Paardevlei Rd.</i> Suburb: <i>SOMERSET WEST</i> City/Town: <i>Cape Town</i> Contact: <i>Vicky (file)</i> Phone: <i>021 8517178</i>		Mark Service Required <input type="checkbox"/> Same Day <input checked="" type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input type="checkbox"/> Economy <input type="checkbox"/> After Hours <input type="checkbox"/> BLNS Customs Tariff Lines <input type="checkbox"/> Depot Hand In
Destination Country: <i>South Africa</i>		Postal Code: <i>7130</i>		
Sender's Reference: <i>UTI 0349570</i>				
SPECIAL INSTRUCTIONS Bill Charges To Account No: <i>027766</i> Bill To: <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> 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).				
e-mail / Fax / Proof of delivery <input type="checkbox"/>		e-mail Address / Fax Number		
Total Parcels <input type="text" value="1"/>		Dimensions In Centimetres LENGTH: <i>Helena</i> WIDTH: HEIGHT: Mass (kg):		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <i>Helena</i> Date Received: <i>19 10 16</i> Signature: <i>Helena</i>		Received by UTI Name Of Courier (PLEASE PRINT CLEARLY): <i>TLOU</i> Date Received: <i>18 10 16</i> Signature: <i>[Signature]</i>		

POD COPY

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