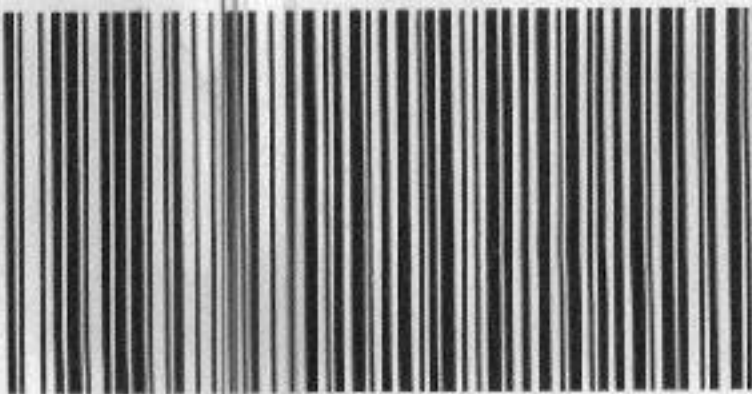


# CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBCD26250296

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name <b>LE CREUSET</b>		Company Name <b>LE CREUSET CPT</b>		<input type="checkbox"/> Same Day	
Street Address <b>SHOP UL 262,</b>		Street Address <b>UNIT 5, HERON PARK</b>		<input type="checkbox"/> Express	
<b>PAVILION SHOPPING CENTRE</b>		<b>OLIVE GROVE IND ESTATE</b>		<input type="checkbox"/> With Sunrise Option	
<b>JACK MAARTENS DRIVE</b>		<b>SOMERSET WEST</b>		<input type="checkbox"/> With Saturday Service	
Suburb <b>WESTVILLE</b>		Suburb		<input type="checkbox"/> Public Holiday Service	
City / Town <b>DUR</b> Postal Code <b>4000</b>		City / Town <b>SOMERSET WEST (SSW)</b> Postal Code <b>8000</b>		<input type="checkbox"/> Economy	
Contact		Contact		<input type="checkbox"/> After Hours	
Phone <b>031 265 8455</b>		Phone <b>021 851 7178</b>		<input type="checkbox"/> BLNS Customs Tariff Lines	
Destination Country <b>South Africa</b>		Destination Country <b>Botswana</b>		<input type="checkbox"/> Depot Hand In	
Sender's Reference <b>UT10079596</b>		Analysis Code		<input type="checkbox"/> Original POD Required P.O. Box	
SPECIAL INSTRUCTIONS <b>FRANC - DAMAGES - JENNA</b>					
Bill Charges To Account No. <b>027766</b>		Bill To <input checked="" 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 12.6 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		SENDER'S AUTHORISED SIGNATURE <b>[Signature]</b> DATE <b>31/02/2016</b>	
Total Parcels <b>1</b>		NO. OF PARCELS <b>1</b>		Dimensions In Centimetres	
		LENGTH		WIDTH	
		HEIGHT		Mass (kg)	
		<b>MARCHALL</b>			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>MARCHALL</b>					
Date Received: <b>05/01/16</b>		Time Received: <b>0908</b>		Received by UTI Name Of Courier (PLEASE PRINT CLEARLY) <b>Aaron</b>	
Signature <b>[Signature]</b>		Signature <b>[Signature]</b>		Date Received: <b>03/01/16</b>	
				Time Received: <b>1015</b>	