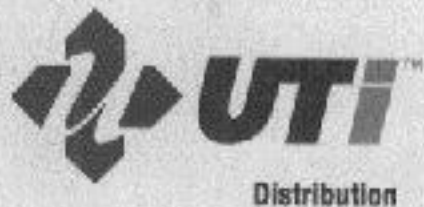


CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 63, The Reads 0081
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4280213873



SUBBD22930046

ADDITIONAL					
TRACKING					
NUMBERS					

Sender's Details Company Name: LE CREUSET SANDTON Street Address: SHOP 1339 SANDTON CITY 5TH AND RIVONIA Suburb: SANDTON City / Town: JNB Postal Code: 2193 Contact: MBALI Phone: 011 784 0301		Consignee's Details. Full Street Address Please Company Name: BRAND UNION Street Address: 345 RIVONIA ROAD Johannesburg Suburb: City / Town: J.H.B Postal Code: 2196 Contact: Kyley Rood Phone: 082 771 4627		Mark Service Required <input checked="" 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 <input type="checkbox"/> BLNS Customs Tariff <input type="checkbox"/> Depot Hand In
Destination Country: <input checked="" type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)		Sender's Reference: Analysis Code:		
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To: <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) 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 DISTRIBUTION LIMITS ITS LIABILITY TO R 250.00 PER SHIPMENT. (SEE CLAUSE 12.5 OVERLEAF). IF YOU WISH UTI DISTRIBUTION TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSE 12.5, 12.6 AND 12.7 OVERLEAF).				
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		SENDER'S AUTHORIZED SIGNATURE: [Signature] DATE: 27/10/16		
Total Parcels NO. OF PARCELS PER DIMENSIONS: 1 LENGTH (CM): WIDTH (CM): HEIGHT (CM):		Total Mass (Kg)		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): THENJWE Date Received: 28/10/16 Time Received: 1055 Signature: [Signature]		Received By UTI Name Of Courier (PLEASE PRINT CLEARLY): Phepo Date Received: 27/10/16 Time Received: 1450 Signature: [Signature]		

Version Control (05/07/10)